2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2003 8:00 am Secretary of State

DOCU 1. Entity Nar	JMENT # P940000625	42			03-31-2003 90152	2 046 ***150	
ВОСО	EQUIPMENT LEASING, I	NC.					
Principal Pla	ce of Business	Malling Address			90065752		
		* · ·					
5374	Place of Business Monterey Circle	3. Mailing Address					i i
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		Ì	☐ CHECK HERE	IF MAKING CH	HANGES
#97 City & State		City & State		4.	FEI Number		Applied For
	ay Beach	Florida			65-0517353		Not Applicable
Zip 33484	Country	Zip	Country		Certificate of Status Desired	Fee	.75 Additional Required
<u> </u>	6. Name and Address of Current	Registered Agent	Name -		Name and Address of New Ro	egistered Ager	<u></u>
				· · ·	lox Number is Not Acceptable)	
Ř		·	City			FL	Zip Code
8.∎The above the obligat	named entity submits this statement for tions of registered agent.	r the purpose of changing its	s registered office o	r registered ag	ent, or both, in the State of Flor	ida. I am famil	iar with, and accept
SIGNATURE .	Signature, lyped or printed hame of registered agent a						
	Signature, typed or printed neme or registered agent a	and title if applicable. (NOT	TE: Registered Agent signal	ure required when re	instating)	DATE	
After	ILE NOW!!! FEE IS £170.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		TE: Registered Agent signat	ure required when re	9. Election Campaign Fina Trust Fund Contribution	ancing	\$5.00 May 8e Added to Fees
After	ILE NOVIII FEE IS (170,00 r May 1, 2003 Fee will be \$550.00	State	TE: Registered Agent signat		9. Election Campaign Fina	ancing . CERS AND DIR	Added to Fees
After Make Check 10.	MAY 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND	State	11.		9. Election Campaign Fina Trust Fund Contribution	ancing CERS AND DIR	Added to Fees
Affect Make Check 10. TITLE NAME	MAY 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND D Bonnie A. Bahl	State DIRECTORS Delete	11. title NAME		9. Election Campaign Fina Trust Fund Contribution	ancing CERS AND DIR	Added to Fees
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

Date Date Destine Prone a