

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90080 001 ***150.00

DOCUMENT # P94000073191

1. Entity Name
LEASEGUARD, INC.

Principal Place of Business

21845 POWERLINE ROAD
SUITE 200
BOCA RATON FL 33433

Mailing Address

21845 POWERLINE ROAD
SUITE 200
BOCA RATON FL 33433

2. Principal Place of Business

4733 W. ATLANTIC AVE.

3. Mailing Address

4733 W. ATLANTIC AVE.

Suite, Apt. #, etc.

SUITE C-15

Suite, Apt. #, etc.

SUITE C-15

City & State

DELRAY BEACH, FL.

City & State

DELRAY BEACH, FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

65-0527487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TODD M WOLFF

9086 LONG LAKE PALM DR
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

TODD M. WOLFF

Street Address (P.O. Box Number is Not Acceptable)

4733 W. ATLANTIC AVE.

SUITE C-15

City

DELRAY BEACH

FL

Zip Code

33445

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

TODD M. WOLFF, PRESIDENT

1/25/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WOLFF, TODD M**
STREET ADDRESS **21845 POWERLINE RD SUITE 200**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **WOLFF, TODD M.**
STREET ADDRESS **4733 W. ATLANTIC AVE., SUITE C-15**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
TODD M. WOLFF, PRESIDENT

Date

Daytime Phone #

1/25/02 561-865-4908

CR2E034 (9/01)