

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90071 045 \*\*\*150.00

DOCUMENT # P95000043296

1. Entity Name

Leasing Concepts, Inc. # 2

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8841 W. Terry St.

Suite, Apt. #, etc.

3. Mailing Address

8841 W. Terry St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

59-3318850

Applied For

Not Applicable

Zip

34135

Country

USA

Zip

34135

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Casey, Patrick E. Esq.

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

9240 Bonita Beach Rd.

Ste. 2209

City

Bonita Springs FL

Zip Code

34135

**DO NOT WRITE  
IN THIS SPACE**

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, 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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
Barrett, W. Thomas  
8841 W. Terry St.  
Bonita Springs FL 34135

TITLE  
NAME  
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)