

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0092806
AV

DOCUMENT # P95000060767

1. Entity Name
CASCADE EQUIPMENT LEASING, INC.



FILED

03 JUN 16 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
105 EAST LAKE BRANTLEY DRIVE
LONGWOOD FL 32779-4806

Mailing Address
105 EAST LAKE BRANTLEY DRIVE
LONGWOOD FL 32779-4806

2. Principal Place of Business
1401 CANAL POINT RD
Suite, Apt. #, etc.

3. Mailing Address
1401 CANAL POINT RD
Suite, Apt. #, etc.

City & State
LONGWOOD FL

City & State
LONGWOOD FL

Zip
32750

Country
~~SEATTLE~~

Zip
32750

Country
~~SEATTLE~~

4. FEI Number 59-3331378

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ATKINS, JAMES G
105 EAST LAKE BRANTLEY DRIVE 1401 CANAL POINT RD.
LONGWOOD FL 32779-4806 32750

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE JAMES G ATKINS (Name Only)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)
DATE 6/9/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ATKINS, JAMES G
STREET ADDRESS	105 EAST LAKE BRANTLEY DRIVE
CITY-ST-ZIP	LONGWOOD FL 32779-4806
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400020873644
STREET ADDRESS	06/18/03--01043--033 **1150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: (Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/03

Date Daytime Phone #

CR2E034 (10/02)