

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064473

1. Entity Name  
QUICK LEASE, INC.Principal Place of Business  
180 NO. INDIANA AVE., STE. #6  
ENGLEWOOD FL 34223Mailing Address  
~~180 NO. INDIANA AVE., STE. #6~~  
~~ENGLEWOOD FL 34223~~2. Principal Place of Business  
773 So. INDIANA AVE3. Mailing Address  
Suite, Apt. #, etc.  
*Suite A*City & State  
ENGLEWOOD, FL

Zip 34223 Country USA

4. FEI Number 65-0602427  
Applied For  
Not Applicable5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GUERRIERO, VICTORIA M  
74 WINDSOR DR.  
ENGLEWOOD FL 34223

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.

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) FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GUERRIERO, VICTORIA 180 NO. INDIANA ENGLEWOOD FL 34223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZZO, JOHN P 180 NO. INDIANA ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02 941 473-2202

Date

Daytime Phone #