CR2E034 (9/01)

FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2002 8:00 am § Secretary of State DOCUMENT # P96000008670 1. Entity Name WEST STAR LEASING & MARKETING, INC. 04-25-2002 90013 047 \*\*\*150 Principal Place of Business Mailing Address 1393-B PASADENA AVENUE 1393-B PASADENA AVENUE SOUTH PASEDENA FL 33707 SOUTH PASEDENA FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3358497 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ict of Nowh - D-8-B-CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) <del>- 5999 Central Avenue, suite 2</del>02 ST\_PETERSBURG-FL-33701-8. 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT ☐ Delete TITLE ☐ Addition DUROCHER, WILLIAM J NAME NAME STREET ADDRESS 1389 PASADENA AVENUE STREET ADDRESS CITY-ST-ZIE SOUTH PASADENA FL 33707 CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS 3B PASA DELA AUC. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME: NAME-STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #