2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033115

1. Entity Name

WILDER LEASING & MANAGEMENT, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90138 005 ***150.00

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Principal Place of Business 2706 ALTERNATE 19 N SUITE 113		2706 A	Mailing Address 2706 ALTERNATE 19 N			Chucumiu						
PALM HARBOR FL 34683			SUITE 113 PALM HARBOR FL 34683									
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2. Principal P	lace of Busi	ness	3. Mailir	ng Address								
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			. CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI Number 59-3381856			oplied For ot Applicable	
Zip	•	Country	Zip		Coun	ntry	5.	Certificate of Status Desired		3.75 Add e Require		
	6. Name	and Address of Currer	nt Registered	I Agent	,		7. 1	Name and Address of New Regis				
						Name					·	
WILDER, J	JAMES R					Street Address	/P∩ P	Box Number is Not Acceptable)		, <u>.</u>		
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SUITE 113	3											
PALM HARBOR FL 34683						City				Zip Code		
8. The above	named entit	v submits this statement	for the purpo	se of changing its	registere	L ed office or reaiste	red aq	gent, or both, in the State of Florida.	1	iliar with.	and accept	
	tions of regis			3 3	J	3		/	/		•	
CICNIATURE		HI DOM		-					77	7,	<u> </u>	
SIGNATURE .	Signature type	or printed name of registered age	ent and title if applic	able. (NOTE	: Registere	d Agent signature require	d when re	einstating)	DATE			
	ILE NOW!	!!- FEE-IS-\$150.00										
		03 Fee will be \$550.00						9. Election Campaign Financia Trust Fund Contribution.	ng 🗆		10 May Be	
Make Check	c Payable to	o Florida Department	of State					irusi i una contincution.		Addec	1101665	
10.	·	OFFICERS AN	D DIRECTOR	S	11.		AD	DDITIONS/CHANGES TO OFFICER	S AND D	RECTOR	S IN 11	
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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 fustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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727-787-9999