

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90099 023 ***150.00

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DOCUMENT # P96000075029

1. Entity Name

ISLAND PARK LEASING CORP.

Principal Place of Business

**16387 SOUTH TAMiami TRAIL
FORT MYERS FL 33908**

Mailing Address

**PO BOX 745
ESTERO FL 33928-0745**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0703934

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LISZEWSKI, LEONARD L ESQ.
2110 CLEVELAND AVENUE
FORT MYERS FL 33901**

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.

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 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	<input type="checkbox"/> Delete
P	WRIGHT, JOSEPH L	20651 FRUITFULL DRIVE	ESTERO FL 33928	<input type="checkbox"/>
V	BUSATTO, OTTORINO	5827 S.W. FIRST AVENUE	CAPE CORAL FL 33914	<input type="checkbox"/>
S	WRIGHT, LISA ANN	20651 FRUITFULL DRIVE	ESTERO FL 33928	<input type="checkbox"/>
T	BUSATTO, EFFIE LEE	5827 S.W. FIRST AVENUE	CAPE CORAL FL 33914	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

JOSEPH L WRIGHT PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02

941-498-2358

CR2E034 (9/01)