

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90079 007 ***550.00

DOCUMENT # **P97000003106**

1. Entity Name
INTERNATIONAL COMPUTER LEASING CORP.



Principal Place of Business
**7030 W CYPRESSHEAD DRIVE
PARKLAND FL 33067
US**

Mailing Address
**7030 W CYPRESSHEAD DRIVE
PARKLAND FL 33067
US**



2. Principal Place of Business
14790 SW 21st St
Suite, Apt. #, etc.

3. Mailing Address
14790 SW 21st St
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DAVE FL
Zip
33325

Country
USA

City & State
DAVE FL
Zip
33325

Country
USA

4. FEI Number
65-0725902

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LITTMAN, ERIC P
7695 SW 104 STREET, SUITE 210
MIAMI FL 33156**

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

Signature typed or printed of principal or registered agent and title if applicable

(NOTE: Registered Agent name and address required on front of filing)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003, Fee will be \$750.00
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 NAME STREET ADDRESS CITY-STATE-ZIP	P PARKER, SUSAN 14790 SW 21ST ST DAVE FL 33325	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

11. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 10)

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I 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: *Susan C. Parker* Susan C. Parker

08/12/03

CR2E034 (4/03)