

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90189 041 ***158.75

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DOCUMENT # P97000064174

1. Entity Name

CORNERSTONE LEASING, INC.

Principal Place of Business

**3936 PAUL S. BUCHMAN HWY
 ZEPHYRHILLS FL 33540
 US**

Mailing Address

**3936 PAUL S. BUCHMAN HWY
 ZEPHYRHILLS FL 33540
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3462436**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUBBARD, MARY JANE
 3936 PAUL S. BUCHMAN HWY
 ZEPHYRHILLS FL 33540**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUBBARD, MARY J	
STREET ADDRESS	6449 COUNTRY CLUB RD.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	HUBBARD, C. DOUGLAS	
STREET ADDRESS	6449 COUNTRY CLUB RD.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WINSBRO, KENNETH	
STREET ADDRESS	12217 JEFFERY LN	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ANTHONY, CARL A	
STREET ADDRESS	103 FOXWOOD DR	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Mary Jane Hubbard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

813-715-0808

Daytime Phone #

CF2E034 (9/01)