FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 27, 2002 8:00 am Secretary of State P97000066816 DOCUMENT # 1. Entity Name 01-27-2002 90026 021 \*\*\*158.75 3941 LEASING COMPANY, INC. Principal Place of Business Mailing Address 6280 NW 104TH WAY 6280 NW 104TH WAY PARKLAND FL 33076 PARKLAND FL 33076 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 59-3460738 Not Applicable Zip Country Zio 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 Name GERBER, LLOYD Street Address (P.O. Box Number is Not Acceptable) 6280 NW 104TH WAY PARKLAND FL 33076 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITI F GERBER, LLOYD NAME NAME 6280 NW 104TH WAY STREET ADDRESS STREET ADDRESS PARKLAND FL 33076 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change GERBER, LLOYD NAME NAME STREET ADDRESS 6280 NW 104TH WAY STREET ADDRESS CITY-ST-ZIP PARKLAND FL 33076 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with thie 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 the 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an add