

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90397 046 \*\*\*150.00

DOCUMENT # P97000070083

1. Entity Name

JFS LEASING CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
150 KEY PALM ROAD

Suite, Apt. #, etc.

3. Mailing Address  
1041 SE 17 STREET

Suite, Apt. #, etc.

MB 16

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON FL

City & State  
FORT LAUDERDALE FL

4. FEI Number  
58-2334631

Applied For  
Not Applicable

Zip  
33432

Country

Zip  
FL

Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
~~NRAT-SERVICES, INC.~~  
Street Address (P.O. Box Number is Not Acceptable)  
526 E. PARK AVE.

City  
TALLAHASSEE FL Zip Code  
32301

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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
DPST  
SCHURMAN, JAMES F  
150 KEY PALM ROAD  
BOCA RATON FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AS  
KRUL, MICHAEL H  
200 E. BROWARD BLVD  
FT. LAUDERDALE FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES F. SCHURMAN

954-763-9363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #