## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P97000096952 **DOCUMENT #** KIMMINS EQUIPMENT LEASING CORP.

**FILED** Apr 07, 2003 8:00 am Secretary of State
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Surie, Apt. #. etc.   Suite, Apt. #. etc.   Chy & State   A. FEI Number 59-3478944   Applied for Chy & State   Chy & State   A. FEI Number 59-3478944   Applied for Son's Applied for Country   Zip   Country   S. Certificate of Status Desire   \$8.75 Additional Fee Replaced   See State   See Stat	1501 2ND AV	ENUE	1501	1501 2ND AVENUE			<b>   </b>					
City & State    City & State   City & State   City & State   4. FET Number   59-3478944   Replied for   Nort Applicable   Nort Applicable   Nort Applicable   Nort Applicable   Nort Applicable   Nort Applicable   North Appl	Principal Place of Business     3. Mailing Address						[					
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Country   Zip   Country   Zip   Country   5. Certificate of Status Desired   \$8.75 a Additional Fee Required   See Required	City & Stat	e	City	City & State			59-34/8944					
MILLIAMS, JOSEPH M 1501 SECOND AVENUE E. TAMPA FL 33605  City FL Zip Coda  City FL Z	Zip	Country	Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional					
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Addr	ess of Current Registere	d Agent	T		7. Name ar	nd Address of N	lew Registered	Agent		
1501 SECOND AVENUE E. TAMPA FL 33605    City   FL   Zip Code					Name							
TAMPA FL 33605  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collapsions of registered agent. The state of Florida is a manifest with, and accept the collapsions of registered agent. The state of Florida is a manifest with, and accept the collapsions of registered agent. The state of Florida is a manifest with, and accept the collapsions of registered agent. The state of Florida is a manifest with, and accept the collapsions of registered agent. The state of Florida is an aministry with, and accept the collapsions of registered agent. Or both, in the State of Florida. I am familiar with, and accept the collapsions of the collapsions of the state of Florida is an aministry with, and accept the collapsions of the collapsions of the state of Florida is an aministry with, and accept the collapsions of t		Street Ad	Street Address (P.O. Box Number is Not Acceptable)									
B. 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    Speakus, poped or pretent never of registered agent and title # explicable.   (MOTE: Pregistered Agent Bignitum required aren entitlation)   DATE			······································			<u> </u>						
SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fighted Department of State  10.		City		FL Zip Code								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fibrida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS IN 11  10. OFFICERS AND DIRECTORS IN 11  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. ANAE  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. ANAE  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. ANAE  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. ANAE  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  10. ANAE  10. ADDITIONS/CHANGES TO OFFICERS  10. ADDITIONS/CHANGES TO OFFICERS												
Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridal Department of State  1. OFFICERS AND DIRECTORS TITLE NAME SINGET, ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STR	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
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	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information	on sunglied with this filing		NAME STREET ADDRESS CITY-ST-ZIP	ıd in Soc	ion 110 07/3	(Vi) Elarida Cha	utge I further co			

of the corporation or the receiver or trustee empowered to exchanged, or on an attachment with an address, with all other execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in

**SIGNATURE:** 

Date

Daytime Phone #