

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90023 038 ***150.00

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DOCUMENT # P98000003403

1. Entity Name
RCF LEASING, INC.

Principal Place of Business
**957 SW 71 AVENUE
 NORTH LAUDERDALE FL 33068**

Mailing Address
**957 SW 71 AVENUE
 NORTH LAUDERDALE FL 33068**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0815682**

Applied For
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEPPER, GERALD M
 COLONIAL PLACE SUITE 114
 1515 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **H.K. Wittenmyer**
 Street Address (P.O. Box Number is Not Acceptable)
957 SW 71 Ave.
 City **North Lauderdale** **FL** Zip Code **33068**

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 **H.K. Wittenmyer** DATE **4/11/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	WERNER, JERRY	
STREET ADDRESS	957 SW 71 AVENUE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, LISA	
STREET ADDRESS	957 SW 71 AVENUE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3561 NW 99 Ave.	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brückins, Brian	
STREET ADDRESS	2460 NW 108 Dr.	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Newcombe, David	
STREET ADDRESS	2099 NW 107 Dr.	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Nancy	
STREET ADDRESS	10310 NW 42 Dr.	
CITY-ST-ZIP	Coral Springs, FL 33065	
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: **Nancy E. King** DATE **4/11/01** DAYTIME PHONE # **(954) 720-8737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)