2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000012123 **DOCUMENT #**

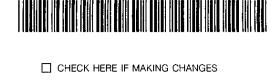
1. Entity Name

J.D. TROLLEY LEASING CO., INC.



Principal Place of Business 998 S MILITARY TRAIL DEERFIELD BEACH FL 33442 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 998 \$ MILITARY TRAIL DEERFIELD BEACH FL 33442					
		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc. City & State		—		
		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHA		
		City & State			4. FEI Number 65-0811138		
Zip	Country	Zip -	Coui	ntry	5. 'Certificate of Status Desired		
	6. Name and Address of Cur	rent Registered Agent		,	7. Name and Address of New Registered Agent		
PEREZ, JOSE 4500 NW 12 POMPANO B					Street Address (P.O. Box Number is Not Acceptable) City FL 2		
the obligations	ned entity submits this stateme of registered agent.				registered agent, or both, in the State of Florida. I am familia re required when reinstating) DATE		
After Ma	NOW!!! FEE IS \$150.00 by 1, 2003 Fee will be \$550 yable to Florida Departme	.00			9. Election Campaign Financing Trust Fund Contribution.		
10.	OFFICERS A	S AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRE		
l I	EREZ, JOSEPH D SR	☐ Defete	TITU NAM STR				

FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90194 001 ***300.00



iliar with, and accept						
\$5.00 May Be Added to Fees						
RECTORS IN 11						
Change Addition	(10/00)					

Applied For Not Applicable

\$8.75 · Additional Fee Required

Zip Code

NAME STREET ADDRESS CITY-ST-ZIP	PEREZ, JOSEPH D SR 4500 NW 13TH AVENUE POMPANO BEACH FL 33064	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	PS Delete PEREZ, JOSEPH D JR	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP	4771 NW 13TH AVE.	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Delete PEREZ, DARCY 8804 SW 11TH ST. BOCA RATON FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE