

05-10-2002 90034 015 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043756
 1. Entity Name
 Technical Leasing Concepts, Inc. ✓
DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------------|---|---------------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| 506 South Federal Hwy Suite, Apt. #, etc. Suite 102 City & State Stuart FL | | 790 Church St. NW Suite, Apt. #, etc. Suite 100 City & State Marietta, GA | |
| Zip 34994 | Country US | Zip 30060-8902 | Country US |

DO NOT WRITE IN THIS SPACE


| | |
|---|-------------------------------|
| 4. FEI Number 650 835502 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

| |
|--|
| Name Elizabeth Skowronski |
| Street Address (P.O. Box Number is Not Acceptable) 3551 South Orange Avenue EO |
| City Orlando FL Zip Code 32806 |

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:  Elizabeth Skowronski 4/29/02
(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering) DATE)

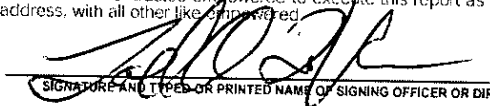
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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 | President Todd Labelle 790 Church St. Su. 100 Marietta GA 30060 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Mike Evertsen 790 Church St. Su. 100 Marietta, GA 30060 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  4/29/02
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)

CR2E034B (12/01)