## 2002 UNIFORM BUSINESS REPORT (UBR)

## P98000049084 **DOCUMENT #**

1. Entity Name

CREDEX AUTO LEASING & FINANCE, INC.

Principal Place of Business Mailing Address 5800 LANDERBROOK DRIVE 5800 LANDERBROOK DRIVE MAYFIELD HEIGHTS OH 44124 MAYFIELD HEIGHTS OH 44124

## FILED Aug 19, 2002 8:00 am Secretary of State 08-19-2002 90137 042 \*\*\*150.00



Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number 65-0842881			Applied For Not Applicable	
Zip Country			Zip	Country		5.	Certificate of Status Desired	\$8.75 A	Additional	
	and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent						
<u> </u>			<del></del>		Name		The state of the s	u Agein		
Sayler, Lee B					0					
1001 N US HIGHWY ONE					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 70							<u> </u>			
						_				
JUPITER FL 33477					City		F	Zip Co	ode	
	named entit	v submits this statement for t	the purpose of changing it	ts registere	ed office or regi	stered ac	gent, or both, in the State of Florida. I a		h and annut	
the obligat	tions of regist	ered agent.	and property of containing in	io rogiotore	o omee or reg.	olorou aç	gent, or both, in the state of Fiorida. Ta	:II Iai I IIII ar Will	п, ано ассерс	
SIGNATURE.		or printed name of registered agent and	OIA) All the if applicable (NO	TE: Popistare	Agent signature req					
	- g - c - c - c - c - c - c - c - c - c	an printed martie arraginated agent and	u title ii applicable. (140	ric. negisteret	Agent signature req	uirea when r	einstating) DATE			
		ble to satisfy its Intangible			IS \$550.00		10. Election Campaign Financing	¢.E	00	
	Tax filing requirement and elects to do so.  (See criteria on back)  After September 13, 200  Make Check Payable to						Trust Fund Contribution.	□ Add	. <b>00</b> May Be ed to Fees	
	na on back)		Make Check Paya	ible to De	partment of	State			50 10 1 663	
11.		OFFICERS AND DI	IRECTORS	12.		AD	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11	
TITLE	P		☐ Delete	TITLE				☐ Change	Addition	
NAME	FRANKING	), samuel j		NAME						
STREET ADDRESS		LE TERRACE		STREE	T ADDRESS					
CITY-ST-ZIP	WEST PA	LM BEACH FL 33412		C!TY-	ST-ZIP					
TITLE	Р		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME	DODERO,	LORRAINE		NAME						
STREET ADDRESS	30505 BAI	NBRIDGE RD. #150		STREE	T ADDRESS					
CITY-ST-ZIP	SOLON O			CITY-	ST-ZIP					
TITLE			Defete	TITLE				Change	Addition	
NAME				NAME						
STREET ADDRESS				STREE	T ADDRESS					
CITY-ST-ZIP				CITY-	ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				NAME	1					
STREET ADDRESS				STREE	T ADDRESS					
CITY-ST-ZIP	•			CITY-	ST-ZIP					
TITLE	-		☐ Delete	TITLE				☐ Change	Addition	
NAME				NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				CITY-	ı					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME			□ Delete	NAME				□ cuange	TT VOCITION	
STREET ADDRESS	•				ADDRESS					
CITY-ST-ZIP				CITY-S					I	
13. I hereby co	ertify that the on this report	information supplied with the or supplemental report is true	is filing does not qualify fo	r the exem	ption stated in re shall have th	Section 1	119.07(3)(i), Florida Statutes. I further creegal effect as if made under oath; that	ertify that the	information	

his 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:



## Specializing in Used Car Leasing Nationwide

Renaissance Centre
5800 Landerbrook • Mayfield Heights, Ohio 44124
Phone 440.460.0123 • Fax: 440.460.3838 • Toll Free: 1.877.542.6700

08/08/02

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Document # P98000049084

To Whom It May Concern:

Please accept the enclosed payment of \$ 150.00 for the original filing fee, as we never received the prior notice.

Respectfully,

CREDEX AUTO LEASING & FINANCE, INC.

Lorraine Dodero

President