

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 JUN 25 AM 11:40

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000088652																																																																																																					
1. Entity Name KELEBEK LEASING AND FINANCING SERVICE, INC.																																																																																																					
Principal Place of Business P.O. BOX 2603 SATELLITE BEACH, FL 32937-2603		Mailing Address P.O. BOX 2603 SATELLITE BEACH, FL 32937-2603																																																																																																			
2. Principal Place of Business 2417 PLEASANT HILL LN SUITE, APT., ETC. KEY VISTA HOLIDAY FL 34691-8776		3. Mailing Address 2417 PLEASANT HILL LN SUITE, APT., ETC. KEY VISTA HOLIDAY FL 34691-8776																																																																																																			
4. FEI Number 59-3538885		Applied For ☐ Not Applicable																																																																																																			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CUSHING, KERRY B.M. 403 HIGHWAY A-1-A, #223 SATELLITE BEACH, FL 32937-2313																																																																																																			
7. Name and Address of New Registered Agent KERRY B.M. Cushing 2417 PLEASANT HILL LANE HOLIDAY FL 34691-8776		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Kerry B.M. Cushing V.P. DATE: 22 June 03																																																																																																			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>D</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>CUSHING, SIBEL T</td><td></td></tr><tr><td>STREET ADDRESS</td><td>403 A-1-A UNIT #223</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td>SATELLITE BEACH, FL 32937-2313</td><td></td></tr><tr><td>TITLE</td><td>D</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>CUSHING, KERRY B.M.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>403 A-1-A UNIT #223</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td>SATELLITE BEACH, FL 32937-2313</td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr></table>		TITLE	D	☐ Delete	NAME	CUSHING, SIBEL T		STREET ADDRESS	403 A-1-A UNIT #223		CITY-STATE-ZIP	SATELLITE BEACH, FL 32937-2313		TITLE	D	☐ Delete	NAME	CUSHING, KERRY B.M.		STREET ADDRESS	403 A-1-A UNIT #223		CITY-STATE-ZIP	SATELLITE BEACH, FL 32937-2313		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>2417 PLEASANT HILL LN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>HOLIDAY FL 34691-8776</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>2417 PLEASANT HILL LN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>HOLIDAY FL 34691-8776</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>700021130857</td><td></td></tr><tr><td>STREET ADDRESS</td><td>06/25/03-01024--003</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td>**550.00</td><td></td></tr></table>		TITLE		☐ Change ☐ Addition	NAME	2417 PLEASANT HILL LN		STREET ADDRESS	HOLIDAY FL 34691-8776		CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME	2417 PLEASANT HILL LN		STREET ADDRESS	HOLIDAY FL 34691-8776		CITY-STATE-ZIP			TITLE		☐ Change ☐ Addition	NAME	700021130857		STREET ADDRESS	06/25/03-01024--003		CITY-STATE-ZIP	**550.00	
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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: Kerry B.M. Cushing V.P. DATE: 22 June 03 727-943-2177																																																																																																					