

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90026 014 ***150.00

DOCUMENT # P98000100938

1. Entity Name
CAPITAL LEASING, INC.

Principal Place of Business
**10125 WEST COLONIAL DRIVE
SUITE 212
OCOE FL 34761**

Mailing Address
**10125 WEST COLONIAL DRIVE
SUITE 212
OCOE FL 34761**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1008 Royal Aberdeen Way
Suite, Apt. #, etc.

3. Mailing Address
1008 Royal Aberdeen Way
Suite, Apt. #, etc.

City & State
Orlando, FL
Zip
32828
Country
U.S.

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Orlando, FL
Zip
32828
Country
U.S.

4. FEI Number
59-3547294

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BAILEY, JAMES
1008 ROYAL ABERDEEN WAY
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	BAILEY, JAMES			
	1008 ROYAL ABERDEEN WAY			
	ORLANDO FL 32828			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *James Bailey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02
Date

407-382-9233
Daytime Phone #

CR2E034 (9/01)