

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90335 002 ***158.75

DOCUMENT # P99000024011

1. Entity Name

U.S. CAPITAL LEASING CORPORATION



Principal Place of Business

**2200 KINGS HWY., BLDG. 3-L, STE. 3
PORT CHARLOTTE FL 33980**

Mailing Address

**2200 KINGS HWY., BLDG. 3-L, STE. 3
PORT CHARLOTTE FL 33980**

50039999



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

U.S. Capital To F. Shoaff

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3 Tropicana Drive

City & State

City & State

Punta Gorda, Florida

Zip

Country

Zip

33950

Country

U.S.A.

4. FEI Number

59-3585678

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHOAF, FRED B
2200 KINGS HWY., BLDG. 3-L, STE. 3
PORT CHARLOTTE FL 33980**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
SHOAF, FRED B
2200 KINGS HWY., BLDG. 3-L, STE. 3
PORT CHARLOTTE FL 33980** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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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: *Fred Shoaff* **FRED B. SHOAF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

(941)637-7245

Daytime Phone #