Apr 21 2003 15:37 HP LASERJET 3330

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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91393 045 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053024

1. Entity Name
RIVER CITY LEASING INCORPORATED

90110906

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4446 1A HENDRICKS AVE.	4446 1A HENDRICKS AVE.
Suite, Apt. #, etc. STE 255	Suite, Apt. #, etc. STE 255
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip / Country 32207	Zip / Country 32207

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3584753
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name KIRCHER, SALLY J ESQ.
Street Address (P.O. Box Number is Not Acceptable) 1 INDEPENDENT DR., STE. 3303
City JACKSONVILLE FL Zip Code 32202

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE P NAME PINES, ALBERT STREET ADDRESS 7728 WHITE WILLOW CT. CITY-ST-ZIP SPRINGFIELD, VA 22153	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S/T NAME POWELL, MARGARET M. STREET ADDRESS 3965 GADSDEN ROAD CITY-ST-ZIP JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME STITES, DOUGLAS STREET ADDRESS 7512 EPSILM DRIVE CITY-ST-ZIP GAITHERSBURG, MD 20879	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-16-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2W1140 2.000