

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

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90222 018 \*\*\*150.00

**DOCUMENT #** V13666

**1. Entity Name**

Alliance Leasing Company, Inc.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

6117 NW 74th Terrace

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

City & State

Parkland, FL

Zip

33067-1228

Country

USA

Zip

Country

**4. FEI Number**

65-0312568

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name

Jeffrey B. Smith

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

1401 E. Broward Blvd. #206

City

Ft. Lauderdale

FL

Zip Code

33301

**DO NOT WRITE  
IN THIS SPACE**

**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 renewing)

**DATE**

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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**

<b>TITLE</b> P	<b>NAME</b> LEROY A. PETERSON	<b>STREET ADDRESS</b> 6117 NW 74th Ter.	<b>CITY - ST - ZIP</b> Parkland, FL 33067-1228
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
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IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 954-346-7434

Date

Daytime Phone #

CR2E034B (12/02)