

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90237 015 ***150.00

DOCUMENT # V15353

1. Entity Name
NORTH STAR LEASING, INC.

766486



DO NOT WRITE IN THIS SPACE

Principal Place of Business 302 PERFORMANCE ROAD MOORESVILLE NC 28115 US	Mailing Address 302 PERFORMANCE ROAD MOORESVILLE NC 28115 US
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2. Principal Place of Business ROUTE 6	3. Mailing Address Co Law's Best Inc., Po Box 128
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MESHOPPEN PA	City & State MESHOPPEN PA
Zip 18630	Country USA
Zip 18630-0128	Country USA

4. FEI Number 59-3107080	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RUARK, MEREDITH W
 8144 FIRST COAST HWY
 APT 203
 FERNANDINA BEACH FL 32034**

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 *Meredith W. Ruark, Pres* DATE 4/21/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PD	<input checked="" type="checkbox"/> Delete
NAME RUARK, SHARON	
STREET ADDRESS 158 GOAT HILL RD PO BOX 1358	
CITY-ST-ZIP MOORESVILLE NC 28115	
TITLE VPD	<input type="checkbox"/> Delete
NAME RUARK, MEREDITH W	
STREET ADDRESS 8144 FIRST COAST HWY APT 206	
CITY-ST-ZIP FERNANDINA BEACH FL 32034	
TITLE STD	<input type="checkbox"/> Delete
NAME STANLEY, MARK J	
STREET ADDRESS 34 ALIDA AVE.	
CITY-ST-ZIP BINGHAMTON NY	
TITLE D	<input type="checkbox"/> Delete
NAME HEALEY, PATRICK	
STREET ADDRESS 11 CHAPEL ST	
CITY-ST-ZIP PITTSSTON PA	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Meredith W. Ruark, Sec 1 Treas.* DATE 4/30/01 DAYTIME PHONE # (570) 833-2583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)