## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # V44860

1. Entity Name

MECO LEASING, INC.

						<b>'</b>		
Principal Place of Business 8191 COLLEGE PARKWAY SUITE 302		Mailing Address 8191 COLLEGE PARKWAY SUITE 302			-			
FT. MYERS FL 33919		FT. MYERS FL 33919						
2. Principal Place of Business			3. Mailing Address			-		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			<u></u>		☐ CHECK HERE IF MAKING CHANGES	
City & State	9	City & State			<del></del> _	<b>4</b> . F	FEI Number 65-0338559 Applied For Not Applicable	
Zip	Country Zip		Count	ry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
CARUSO, TODD					Name .			
8191 COLLEGE PARKWAY					Street Address (P.O. Box Number is Not Acceptable)			
SUITE 302								
FT. MYERS FL 33919					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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent si						ed when re	einstating) DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS	D AMCHALE, GERARD, A, JR. 8191 COLLEGE PKWY. #302 FT. MYERS FL		☐ Delete				☐ Change ☐ Addition	
NAME STREET ADDRESS	D CARUSO, TODD A : 8191 COLLEGE PKWY, SUITE 30 FORT MYERS FL	2	☐ Delete			100	- Change Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	The second secon	grand digulation of	æ — Delete ₹ :	NAME STREE	-	برد <i>سن</i> ت م	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			,	☐ 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

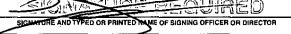
NAME STREET ADDRESS

TITLE

NAMÉ STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



☐ Delete

☐ Delete

S/10/50

Daytime Phone #

☐ Change

Change

Addition

☐ Addition

**FILED** 

Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90149 048 \*\*\*150.00

CR2E034 (10/02