

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

FILED

02 SEP 13 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000004997

1. Entity Name
B&A LEASING CORPORATION

DO NOT WRITE IN THIS SPACE

**20801 BISCAYNE BLVD.
SUITE #403
MIAMI FL 33180**

3. Mailing Address
401 N TRYON ST
Suite, Apt. #, etc.
NC1-021-02-20
City & State
CHARLOTTE
Zip
28255 Country
Mecklenburg

4. FEI Number
59-3305936

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
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD
City
PLANTATION FL Zip Code
33324

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 *Dale W. Morris* **DALE W. MORRIS** ASSISTANT VICE PRESIDENT 9-11-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 NAME STREET ADDRESS CITY - ST - ZIP	DIR / PRES ANTHONY M. HAGEN 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP DUANE L. SMITH 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800008018708--3 -09/25/02--01058--014 **22500.00 ****900.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DANIEL CHAIR 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC MARK W. ANDERSSON 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA / CFO ROBERT A. KEYES, JR. 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Duane L. Smith* **Duane L. Smith, SVP** 9/10/2002 704-388-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

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