2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K01630 **DOCUMENT #**

1. Entity Name

LEONARD D. MARSOCCI, C.P.A., P.A.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90224 031 ***158.75

PHREY ST #1		3	=	#101							
Principal Place of Business 3815 W HUMPHREY ST #101 TAMPA FL 33614			Mailing Address 3815 W HUMPHREY ST #101 TAMPA FL 33614								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #. etc.			Suite, Apt#, etc			<u> </u>		AKING CHA	NGES:		
City & State			City & State			4.	A COUNTY OF THE PARTY OF THE PA			plied For	
·			7				59-2852299			Not Applicable	
			·	try	5.	Certificate of Status Desired	\$8.7 Fee F	5 Add	litiona l d		
6. Name	Current Regis	· • • • • • • • • • • • • • • • • • • •			7.	7. Name and Address of New Registered Agent					
CLIEGNAR		Name				•					
•		Street Address i			ss (P.O.	P.O. Box Number is Not Acceptable)					
	O1, #101										
					City			FL Z	p Code	9	
e named entity tions of regist	y submits this sta ered agent.	tement for the p	ourpose of changing it.	s register	ed office or regi:	stered a	gent, or both, in the State of Florida.	I am familia	r with,	and accept	
				J/J	Marocce)	u rainotating)	1/03			
		- '	паррікавів.	// Cysiere	gent signature req	uneu when	Trenstating)	VAIE			
r May 1, 200	3 Fee will be \$	550.00	e				9. Election Campaign Financia Trust Fund Contribution.	ng		0 -May Be to Fees	
,	<u> </u>			11.		A		S AND DIRE	CTORS	3 IN 11	
3815 W H	UMPHREY ST,		☐ Delete	NAM STRE	et address			c	hange	☐ Addition	
IAMPA FL			☐ Delete	_				C	hange	Addition	
					NAME STREET ADDRESS CITY-ST-ZIP						
			☐ Delete	NAM STRE	E ET ADDRESS			□ C	nange	Addition	
			□ Delete	NAM				C	nange	Addition	
				CITY	-ST-ZIP						
			☐ Delete	NAM! STRE	ET ADDRESS			<u> </u>	nange	☐ Addition	
			☐ Delete	TITLE				CI	nange	Addition	
	6. Name CI, LEONAR HUMPHREY L 33614 e named entire tions of regist Signature, typed ILE-NOW!! r May 1, 200 k Payable to D MARSOCC 3815 W H	Country 6. Name and Address of CI, LEONARD D., C.P.A. HUMPHREY ST, #101 L 33614 e named entity submits this stations of registered agent. LEONARD Signature, typed or printed name of registered agent. The May 1, 2003 Fee will be 3 to Payable to Florida DepartoFICE D MARSOCCI, LEONARD D MARSOCCI, LEONARD D	Country 6. Name and Address of Current Regis CI, LEONARD D., C.P.A. HUMPHREY ST, #101 L 33614 e named entity submits this statement for the particle of t	te City & State Country Zip 6. Name and Address of Current Registered Agent CI, LEONARD D., C.P.A. HUMPHREY ST, #101 L 33614 a named entity submits this statement for the purpose of changing it tions of registered agent. LEONARD D. MARSOCCI Signature, typed or printed name of registered agent and talle if applicable. The Home of the purpose of changing it tions of registered agent and talle if applicable. CILE-NOW!!!-FEE-IS-\$150,000 R Payable to Florida Department of State OFFICERS AND DIRECTORS D D Delete Delete Delete Delete	Suite, Apt.#, etc. City & State Country Zip Country Zip Country CI, LEONARD D., C.P.A. HUMPHREY ST, #101 L 33614 In animed entity submits this statement for the purpose of changing its registered tions of registered agent. LEONARD D. MARSOCCI Signature, typed or printed name of registered agent and title if applicable. CITE-NOW!!!-FEE-IS-\$150,00 In May 1, 2003 Fee will be \$550.00 In May 1, 2003 Fee will be \$550.00 In MARSOCCI, LEONARD D., CPA 3815 W HUMPHREY ST, #101 TAMPA FL Delete TITLE Delete TITLE NAM STRE CITY Delete	Suite, Apt. #, etc. Country Zip Country	The Country Suite, Apt. #, etc. Country Zip Country S.	Suite, Apt. #, etc. City & State Country Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name CI, LEONARD D., C.P.A. IUMPHREY ST, #101 L 33614 City Signature to prefer have a "registered agent, or both, in the State of Florida. Signature to prefer have a "registered agent, or both, in the State of Florida. LEE-NOW!!!s FEE: IS-\$150,00 Fille=NOW!!!s Fee will be \$550.00 R Payable to Florida Department of State OFFICERS AND DIRECTORS Delete III. ADDITIONS/CHANGES TO OFFICER MARE SIRET ADDRESS CITY-ST-2P Delete III.E NAME SIRET ADDRESS CITY-ST-2P Delete	Suite, ABLIF, etc. Suite, ABLIF, etc. Country S. Certificate of Status Desired 88.7 Fee R 6. Name and Address of Current Registered Agent Name CI, LEONARD D., C.P.A. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Z s named entity submits this statement for the purpose of changing its registered diffue or registered agent, or both, in the State of Florida. I am familia tions of registered agent. EEU-NOR D. MARSOCU Symmes byodd or prince name of registering agent and too if applicable. If any 1, 2003 EEE-IIS-\$150,000 R Payable to Florida Department of State OFFICERS AND DIRECTORS TILE MARSOCCI, LEONARD D., CPA 3815 W HUMPHREY ST, #101 TAMPA FL Detele TILE MAKE SIREET ADDRESS CITY-ST-ZIP Detele TILE SIREET ADDRESS CITY-ST-ZIP Detele SIREET ADDRESS CITY-ST-ZIP DETERMINANT SREET ADDRESS CITY-ST-ZIP DETERMINANT SREET ADDRESS CITY-ST-ZIP DETERMINANT SREET ADDRESS CITY-ST-ZIP DETERMINANT SREET ADDRESS CITY-ST-ZIP CITY ST-ZIP CITY ST-ZIP CITY ST-ZIP CITY	E. etil G. Suito, Apt. 4, etil C	

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.

SIGNATURE: