

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90046 039 ***150.00

DOCUMENT # K62976

1. Entity Name

LEATHER IMPRESSIONS, INC.

Principal Place of Business

Mailing Address

3712 VINELAND RD
 9
 ORLANDO FL 32811
 US

3712 VINELAND RD
 ORLANDO, FL
 ORLANDO FL 32811-6438
 US

2. Principal Place of Business

3. Mailing Address

CROWN POINTE PARK.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7826 KING'S POINT PARKWAY

City & State
ORLANDO FL

City & State

Zip
32819

Country
U.S.A

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2937110**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEENEY, THOMAS C., III
7491 CONROY-WINDERMERE ROAD
ORLANDO FL 32811

Name
 Street Address (P.O. Box Number is Not Acceptable) **SUITE 6**
 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

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPS	SINGH, HARI		
8186 BLUE STAR CIRCLE	ORLANDO FL		
T	SINGH, HARI		
8186 BLUE STAR CIRCLE	ORLANDO FL		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000

Date

407-839-5000

Daytime Phone #

CR2E034 (9/99)