2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91312 026 ***150.00

0013444

DOCUMENT # P00000066963

1. Entity Name
LEAK MASTER INC.

Principal Place of Business	Mailing Address
4466 SPRING GLEN ROAD JACKSONVILLE FL 32207	4466 SPRING GLEN ROAD JACKSONVILLE FL 32207

007044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Jacksonville	7961 Normandy Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 29
City & State	City & State Jacksonville Fl 32221
Zip / Country	Zip 32221 / Country U.S

4. FEI Number 593659446 — 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
THOMAS, BRETT 4466 SPRING GLEN ROAD JACKSONVILLE FL 32207	Name: Brett Thomas Street Address (P.O. Box Number is Not Acceptable): 406 Hamlet Rd City: Jacksonville FL Zip Code: 32221

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: Brett Thomas — DATE: 5-9-01
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. (See criteria on back) ☒

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, BRETT 4466 SPRING GLEN ROAD JACKSONVILLE FL 32207 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Thomas Brett 406 Hamlet Rd Jacksonville, Fl 32221 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Brett Thomas / President — 5-9-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #