

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90094 001 ***150.00

0140515 AT

DOCUMENT # P02000037315

1. Entity Name
LEUS & LEUS, INC.



Principal Place of Business
**3144 STOCKTON AVE.
NORTH PORT FL 34286**

Mailing Address
**3144 STOCKTON AVE.
NORTH PORT FL 34286**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0576529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RENAISSANCE TAX & BUSINESS SERVICES, INC.
1831 S. TAMiami TRAIL
VENICE FL 34293**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LEUS, OLEG**
STREET ADDRESS **3144 STOCKTON AVE.**
CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.21.03 (941) 423-4568

Date

Daytime Phone #

CR2E034 (4/03)

Attachment#

86146650

PA20000373LB

To: Department of State's Division of Corporations

From: Oleg Leus

Leus&Leus Inc.

3144 Stockton Ave.

North Port, FL 34286

I received the Uniform Business Report (UBR), which request me to pay \$550. This letter really shocked me, because I never received any note like UBR before and mach more I have expenses only (more than \$25,000) and no receive profit yet. I'm beginner and didn't know anything about UBR. I send my payment \$150 and ask you trust me that got first note about UBR.

Sincerely

Oleg Leus



08.21.03