

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

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90099 045 \*\*\*150.00

DOCUMENT # PO2000058924

1. Entity Name  
I.P.LEFTONS,INC.



**DO NOT WRITE IN THIS SPACE**

|   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| 2. Principal Place of Business<br><b>TALLWOOD CT.</b> |                          | 3. Mailing Address<br><b>TALLWOOD CT.</b>    |                          |
| Suite, Apt. #, etc.<br><b>#538</b>                    |                          | Suite, Apt. #, etc.<br><b>#538</b>           |                          |
| City & State<br><b>MARCO ISLAND, FLORIDA</b>          |                          | City & State<br><b>MARCO ISLAND, FLORIDA</b> |                          |
| Zip<br><b>34145</b>                                   | Country<br><b>U.S.A.</b> | Zip<br><b>34145</b>                          | Country<br><b>U.S.A.</b> |

|   |   |   |
|---|---|---|
| 4. FEI Number<br><b>30-0092890</b>  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |   |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PETRASOVIC IGOR**

Street Address (P.O. Box Number is Not Acceptable)  
**#538 TALLWOOD CT.**

City **MARCO ISLAND** FL Zip Code **34145**

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 **IGOR PETRASOVIC** 1/16/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$91.25  
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                         |  |  |                                       |
|--|--|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DIRECTOR<br/>PETRASOVIC IGOR<br/>#538 TALLWOOD CT.<br/>MARCO ISLAND FLORIDA 34145</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE: **IGOR PETRASOVIC** 2/3/03 941 642 4904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)