## 2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 19, 2001 8:00 am DOCUMENT # P9300084635 Secretary of State J.C.J. LEAVITT ENTERPRISES, P.A. 04-19-2001 90013 002 \*\*\*150.00 Principal Place of Business Mailing Address 20831 CONCORD GREEN 20831 CONCORD GREEN 343100 BOCA RATON FL 33433 **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 9476 LAKE SEKENA WR. 9476 LAKE SERENA UR. 4. FEI Number Applied For 65-0445431 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEAUITT, JAMES R. LEAVITT, JAMES R et Address (P.O. Box Number is Not Acceptable) 20831 CONCORD GREEN **BOCA RATON FL 33433** Zip Code 33496 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) Delete TITLE Change ☐ Addition TITLE LEAUITT, JAMIES 12. LEAVITT, JAMES R NAME NAME 19476 LAKE SEKENA DR. 20831 CONCORD GREEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP BOCA RATUN IFL 33496 TITLE ☐ Delete TITLE EAUITT, CAROL M LEAVITT, CAROL M NAME NAME 9476 LAKE SERENA AR. 20831 CONCORD GREEN STREET ADDRESS STREET ADDRESS BOCA RATUN, FL 33496 CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition: □ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

4-12-01

Daytime Phone #