

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90037 022 ***150.00

DATE
 AV

DOCUMENT # P94000072651

1. Entity Name
LEOCI & MEISENBERG, P.A.

Principal Place of Business Mailing Address

2256 HEITMAN ST 2256 HEITMAN ST
FT MYERS FL 33919 FT MYERS FL 33919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

10051 MCGREGOR BLVD. 10051 MCGREGOR BLVD.

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 101 SUITE 101

City & State City & State

FT. MYERS FL FT. MYERS FL

Zip Country Zip Country

33919 USA 33919 USA

4. FEI Number Applied For

65-0522654 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEISENBERG, JAY F
~~2256 HEITMAN ST~~ **10051 MCGREGOR BLVD.**
~~FT MYERS FL 33919~~ **# 101**

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.

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, 2002 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MEISENBERG, JAY F	
STREET ADDRESS	2256 HEITMAN ST 10051 MCGREGOR BLVD. # 101	
CITY-ST-ZIP	FT MYERS FL 33919 33919	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LEOCI, DEBORAH E	
STREET ADDRESS	2256 HEITMAN ST 10051 MCGREGOR BLVD. # 101	
CITY-ST-ZIP	FT MYERS FL 33919 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Deborah E. Leoci 4/29/02 239-337-5700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)