2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P96000045734

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

8TH FLOOR

1. Entity Name

8TH FLOOR

US

MARK J. LEEDS, P.A.

Principal Place of Business

633 SO. FEDERAL HIGHWAY

FT LAUDERDALE FL 33302

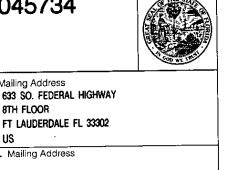
Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

2. Principal Place of Business



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

02-06-2003 90114 017 ***150.00



| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent | |
|--|--|--|
| O. Hallo and Adams of the Control of | Name | The contract of the contract o |
| LEEDS, MARK J 633 SO. FEDERAL HIGHWAY | Street Address (P.O. Box Number is Not Acceptable) | |
| 8TH FLOOR | | |
| FT LAUDERDALE FL 33302 | City | FL Zip Code |
| to project | torod office or registered agent, or both | in the State of Florida. I am familiar with, and accep |

Country

8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

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

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. ☐ Addition Change TITLE ☐ Delete TITLE NAME LEEDS, MARK J NAME STREET ADDRESS 633 SO. FEDERAL HIGHWAY, 8TH FL STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33302 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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:

CITY-ST-ZIP

CR2E034 (10/02)