

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000037284

**Entity Name:** LENEER DATA ASSURANCE SOLUTIONS, INC.

**Current Principal Place of Business:**

1225 W. BEAVER ST.  
SUITE 115  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

9250 BENDIX ROAD NORTH  
BOX 630  
COLUMBIA, MD 21045 US

**FEI Number:** 26-2446018

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LESTER, ROBERT EIII  
2825 GLEN MAWR RD  
JACKSONVILLE, FL 32207 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LESTER, ROBERT EIII  
Address 123 W. 11TH ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title VP  
Name LESTER, NICOLE M  
Address 123 W. 11TH ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title S  
Name LESTER, NICOLE M  
Address 123 W. 11TH ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title T  
Name LESTER, ROBERT E  
Address 123 W. 11TH ST.  
City-State-Zip: JACKSONVILLE, FL 32206

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT E. LESTER

**PRESIDENT**

**02/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date