

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000037284

**Entity Name:** LENEER DATA ASSURANCE SOLUTIONS, INC.**Current Principal Place of Business:**2625 BLAIR STONE ROAD  
TALLAHASSEE, FL 32301**Current Mailing Address:**2625 BLAIR STONE RD.  
TALLAHASSEE, FL 32301 US**FEI Number: 26-2446018****Certificate of Status Desired: Yes****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

Title	CHIEF INFORMATION OFFICER
Name	LESTER, EVAN
Address	2625 BLAIR STONE RD.
City-State-Zip:	TALLAHASSEE FL 32301

*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 LESTER****PRESIDENT****06/14/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date