

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000037284

Entity Name: LENEER DATA ASSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

1250 BLOUNTSTOWN HWY
SUITE H
TALLAHASSEE, FL 32304

Current Mailing Address:

1250 BLOUNTSTOWN HWY
SUITE H
TALLAHASSEE, FL 32304 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

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date