2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90633 003 ***150.00

DOCUMENT # 219505

1. Entity Name
LEFFLER Co

Principal Place of Business
SANFORD, FL 32771

Mailing Address
P.O. Box 1845
421 VIRGINIA Avenue

C00069448

2. Principal Place of Business
SANFORD, FL.
Suite, Apt. #, etc

3. Mailing Address
ABOVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
596064452
☐ Applied For
☐ Not Applicable

Zip ____ Country ____

Zip 32771 Country U.S.A

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Vincent LEFFLER
421 VIRGINIA Ave
P.O. Box 1845
SANFORD, FL 32771

7. Name and Address of New Registered Agent

Name LILA L. WALLING
Street Address (P.O. Box Number is Not Acceptable) 5327 Riverside Dr.
Homosassa, FL
City FL Zip Code 34448

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 Lila L. Walling May 15, 2001
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Vincent Leffler P.O. Box 1845 SANFORD, FL 32771 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT AND DIRECTOR Kenneth M. Leffler 1400 WINDSOR Ave LONGWOOD, FL 32750 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRESIDENT~~ ~~Kenneth M. LEFFLER~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CHARLES LEFFLER 11 CLIFTVIEW LANE ORMOND BEACH, FL 32174 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CHARLES LEFFLER~~ ~~SECRETARY~~ ~~11 CLIFTVIEW LANE~~ ~~ORMOND BEACH, FL 32174~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR AND TREASURER LILA L. WALLING 5327 Riverside Drive Homosassa, FL 34448 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ELIZABETH L. BUSH 2025 HIBISCUS DRIVE SANFORD, FL 32771 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Direct~~or~~ MARY M. BUSH ~~FLUEGER~~ 2005 S. OAK Avenue SANFORD, FL 32771 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR VINCENT LEFFLER P.O. Box 1845 SANFORD, FL 32771 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: Lila L. Walling May 15, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE