

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90015 027 ***150.00

DOCUMENT # 219505

1. Entity Name

LEFFLER COMPANY

Principal Place of Business

P.O. BOX 1845
421 S. VA. AVENUE
SANFORD FL 32771
US

Mailing Address

P.O. BOX 1845
421 S. VA. AVENUE
SANFORD FL 32771
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6064452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WALLING, LILA L
5327 RIVERSIDE DRIVE
HOMOSASSA FL 34448

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	LEFFLER, KENNETH M	1400 WINDSOR AVE	LONGWOOD FL 32750	
	S			
	LEFFLER, CHARLES	11 CLIFTVIEW LANE	ORMOND BEACH FL 32174	
	DT			
	WALLING, LILA L	5327 RIVERSIDE DRIVE	HOMOSASSA FL 34448	
	D			
	BUSH PFLUEGER, MARY	2005 SOUTH OAK AVENUE	SANFORD FL 32771	
	D			
	LEFFLER, VINCENT	PO BOX 1845	SANFORD FL 32771	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DS			<input checked="" type="checkbox"/>	
	D			<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	T			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	James R. Dycus	2305 Mellonville Ave.	Sanford, FL 32771		

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:

James R. Dycus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Dycus

Date

1/8/02 407/322-0561

Daytime Phone #

CR2E034 (9/01)