2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # 242985** LEIS BROS. REALTORS, INC. 02-28-2001 90136 048 ***150.00 Principal Place of Business Mailing Address GEORGE W LEIS GEORGE W LEIS 290 CYPRESS GARDENS BOULEVARD 290 CYPRESS GARDENS BOULEVARD WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0918490 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEIS, GEORGE W Street Address (P.O. Box Number is Not Acceptable) 700 MIRROR TERR NW WINTER HAVEN FL 33880 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEIS.GEORGE W NAME NAME 290 CYPRESS GARDENS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition TITLE. ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

MAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SLONGE W Leis GEORGE W LEIS

☐ Delete

2/23/01 Date

863-293-0304

Daytime Phone #

Change

Addition