


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90177 001 \*\*\*150.00

**DOCUMENT #** 391433  
1. Entity Name  
Leon Land Company



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
30 South Spring Street  
Suite, Apt. #, etc.

3. Mailing Address  
P. O.-Drawer 1271  
Suite, Apt. #, etc.

City & State  
Pensacola, FL

City & State  
Pensacola, FL

Zip  
32501

Country  
USA

4. FEI Number  
59-0723221

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Patrick G. Emmanuel

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

City  
Pensacola

State  
FL

Zip Code  
32501

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and Director Emmanuel, Patrick G. 30 South Spring Street Pensacola, Florida 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Treasurer and Director Emmanuel, Olivia B. 2020 E. Mallory Street Pensacola, Florida 32503	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick G. Emmanuel 03/24/03 850-433-6581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)