

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 403704.

1. Entity Name

T. LEROY CORPORATION

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90138 016 ***158.75

00040885



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1380 6TH ST P.O. BOX 886 W PALM BEACH FL 33402	P O BOX 886 P.O. BOX 886 W PALM BEACH FL 33402 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ROBINSON, THOMAS L 1380-6TH STREET P.O. BOX 886 WEST PALM BEACH FL 33402

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, 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	
TITLE	P
NAME	ROBINSON, THOMAS L <input type="checkbox"/> Delete
STREET ADDRESS	1380 - 6TH STREET
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D
NAME	ROBINSON CARL <input type="checkbox"/> Delete
STREET ADDRESS	720-15TH STREET
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D
NAME	ROBINSON THOMAS <input type="checkbox"/> Delete
STREET ADDRESS	720-15TH STREET
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Thomas L Robinson* (Thomas L Robinson)

4/20/2001

Date

Daytime Phone #

561 832 5413

CR2E034 (10/00)