

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**  
03-05-2001 90327 017 \*\*\*150.00

**DOCUMENT # 466227**

1. Entity Name

**LEEDY ELECTRIC CORP.**

Principal Place of Business

**1400 ST RD 37 S  
MULBERRY FL 33860**

Mailing Address

**1400 ST RD 37 S  
MULBERRY FL 33860**

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 **59-1563407**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEEDY, CECIL H.  
11605 GROVE LANE  
SEFFNER FL 33584**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>LEEDY, CECIL H</b>	
STREET ADDRESS	<b>11605 GROVE LANE</b>	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LEEDY, JOHN P</b>	
STREET ADDRESS	<b>4554 OVERLOOK POINT</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>LEEDY, BARBARA W</b>	
STREET ADDRESS	<b>311 GREENWOODS DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**cecil leedy**

Date

**1/31/01**

Daytime Phone #

**863-425-2698**

CR2E034 (10/00)