2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

474228 **DOCUMENT #**

1. Entity Name

LINDSAY, ANDREWS & LEONARD, P.A.



FILED Apr 11, 2003 8:00 am Secretary of State

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Principal Place of Business Mailing Address 5218 WILLING STREET 5218 WILLING STREET MILTON FL 32570 MILTON FL 32570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-1593660 Not Applicable Zip Country Country \$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 LINDSAY JR,ALLEN W. Street Address (P.O. Box Number is Not Acceptable) **5218 WILLING STREET** MILTON FL 32570 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition ☐ Delete LINDSAY, ALLEN W.JR. NAMÉ NAME STREET ADDRESS **5218 WILLING STREET** STREET ADDRESS CITY-ST-ZIP MILTON FL 32570 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition ANDREWS, ROY V. NAME NAME STREET ADDRESS **5218 WILLING STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 TITLE ☐ Delete TITLE Change Addition NAME NAME LEONARD, T.A. JR. STREET ADDRESS STREET ADDRESS 5218 WILLING STREET CITY-ST-ZIP CITY-ST-ZIP MILTON FL 32570 Change TITLE **▼** Delete TITLE Addition NAME SLINGERLAND, J.JEFFERY NAME STREET ADDRESS 124 WILLING ST. SE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILTON FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete TITLE TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if

SIGNATURE:

changed, or on an attachment with an address

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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