

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 504559

1. Entity Name
LEESBURG COMMUNICATIONS & ANSWERING SERVICE, INC

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90105 043 ***150.00

Principal Place of Business
1018 NORTH BLVD., W. SUITE A
LEESBURG FL 34748
US

Mailing Address
1018 NORTH BLVD., W. SUITE A
LEESBURG FL 34748-5057
US

2. Principal Place of Business
9817 Wedgewood Lane
Suite, Apt. #, etc.

3. Mailing Address
9817 Wedgewood Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Leesburg, FL

City & State
Leesburg, FL

4. FEI Number 59-1677423

Applied For
Not Applicable

Zip
34788

Country

Zip
34788

Country

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

SKILBRED, FRANK A.
1018 NORTH BLVD., W. SUITE A
LEESBURG FL 34748

Name

Street Address (P.O. Box Number is Not Acceptable)
9817 Wedgewood Lane

City
Leesburg,

FL Zip Code
34788

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D SKILBRED, FRANK A. 9817 WEDGEWOOD LANE LEESBURG, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SKILBRED, LILLIAN V 1018 NORTH BLVD., W. LEESBURG, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKILBRED, MARK 1018 NORTH BLVD., W. LEESBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Skilbred, Frank A. 9817 Wedgewood Lane Leesburg, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Skilbred, Lillian V. 9817 Wedgewood Lane Leesburg, FL 34788	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank A. Skilbred FRANK A. SKILBRED

4-14-00

352/787-1069

CR2E034 (9/99)