2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 16, 2002 8:00 am Secretary of State DOCUMENT # 535968 1. Entity Name 05-16-2002 90082 025 ***150.00 THE LEOPARD BOUTIQUE, INC. Principal Place of Business Mailing Address 928 SO. TAMIAMI TRAIL 928 SO, TAMIAMI TRAIL P.O. BOX 917 P.O. BOX 917 OSPREY FL 34229 OSPREY FL 34229 2. Principal Place of Business 3. Mailing Address P.O.BOX 19949 3212 South Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State SAMS: M City & State SAMASOTA 4. FEI Number Applied For 59-1734371 Not Applicable 551 34276 @ountry \$8.75 Additional Certificate of Status Desired SAMOUNA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNER, JIM Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN 1550 RINGLING BLVD. SARASOTA FL 34236 City Zip Code FL 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CR2E034 (9/01) TITLE ☐ Addition NAME WINSLOW, MARY A NAME STREET ADDRESS 420 N CASEY KEY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP osprey fl TITLE ☐ Delete TITLE __ Change Addition NAME winslow, John C Jr NAME STREET ADDRESS 632 TREASURE BOAT WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE Delete TITLE **Addition** NAME LAURIE L. FERGUSON 3212. South Gate Circle DONELLY, ANN WINSLOW NAME FERGUSON STREET ADDRESS 471 WEBB'S COVE STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP OSPREY FL 34229 34239 - 5514 TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Uson

FILED