

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90468 042 ***150.00

DOCUMENT # 568372

1. Entity Name

LEON ABSTRACT COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6545 CORPORATE CENTRE Blvd P.O. Box 628600

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-0631041

Applied For

Not Applicable

Zip

32822

Country

USA

Zip

32862

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES R. KNOX

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

6545 CORPORATE CENTRE Blvd.

City

Orlando

FL

Zip Code

32822

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
RD
Koualeski, Charles J.
4120 GABRIELLA LANE
WINTER PARK, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
GAY R. NORWOOD III
6630 CONWAY LAKES DR.
Orlando, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
JONES, Jimmy R.
3417 GRANT Blvd.
Orlando, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 on an attachment with an address, without other line empowerment.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. NORWOOD GAY III

Date

4-2-02

Daytime Phone #

900-275-6273

CR2E034B (12/01)