

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90186 025 ***150.00

DOCUMENT # 643016

1. Entity Name

LESLEY GROVES, INC.

Principal Place of Business

**804 S WOODLYN DR
TAMPA FL 33609
US**

Mailing Address

**804 S WOODLYN DR
TAMPA FL 33609
US**

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

59-1944000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LESLEY, JOHN T.
804 S. WOODLYN DR.
TAMPA FL 33609**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete
NAME **WHEDBEE, INDIA LL**
STREET ADDRESS **4601 WARREN ST N W**
CITY-ST-ZIP **WASHINGTON, DC 00000**

TITLE **TD** ☐ Delete
NAME **LESLEY, LOUSIA**
STREET ADDRESS **3501 BAYSHORE BVD STE 710**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **VSD** ☐ Delete
NAME **LESLEY, JOHN T. JR**
STREET ADDRESS **804 S. WOODLYN DR.**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **D** ☐ Delete
NAME **BRACEY, SUSAN L.**
STREET ADDRESS **15340 BETHANY RD**
CITY-ST-ZIP **ALPHARETTA, GA 00000**

TITLE **DP** ☐ Delete
NAME **LESLEY, JOHN T**
STREET ADDRESS **3501 BAYSHORE BLVD STE 710**
CITY-ST-ZIP **TAMPA, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

3-20-02 8B-5543200

Date

Daytime Phone #

0425506 AV

CR2E034 (9/01)