

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90065 018 ***150.00

B9001883



DO NOT WRITE IN THIS SPACE

DOCUMENT # 689477

1. Entity Name
LESLIE DIVOLL, INC., ARCHITECTURE AND DESIGN

Principal Place of Business **Mailing Address**
~~2655 N OCEAN DR~~ ~~2655 N OCEAN DR~~
~~SUITE 300~~ ~~SUITE 300~~
~~RIVIERA BEACH FL 33404~~ ~~RIVIERA BEACH FL 33404~~
~~US~~ ~~US~~

2. Principal Place of Business **3. Mailing Address**
232 SANDAL LANE **232 SANDAL LANE**
SUITE B **SUITE B**

City & State **City & State**
PALM BEACH SHORES, FL **PALM BEACH SHORES, FL**
Zip **Country** **Zip** **Country**
33404 **US** **33404** **US**

4. FEI Number **59-2050574** **Applied For**
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIVOLL, LESLIE
~~2655 N OCEAN DR~~
~~SUITE 300~~
~~RIVIERA BEACH FL 33404~~

7. Name and Address of New Registered Agent
Name
232 SANDAL LANE, SUITE B
SUITE B
PALM BEACH SHORES FL 33404

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 **LESLIE DIVOLL** **01-05-2001**
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. ☐ **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	PTV
NAME	DIVOLL, LESLIE
STREET ADDRESS	2655 N OCEAN DR, SUITE 300
CITY-ST-ZIP	RIVIERA BEACH FL
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTV
NAME	DIVOLL, LESLIE
STREET ADDRESS	232 SANDAL LANE, SUITE B
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
	<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	
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	<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 to this report with all other like empowered.

SIGNATURE: **LESLIE DIVOLL** **01-05-2001** **561-845-6303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)