

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698957

1. Entity Name

~~GABINET CONCEPTS, INC.~~

LEDR GROUP, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90062 047 ***150.00

Principal Place of Business

Mailing Address

2345 HIBISCUS CT.
 SARASOTA FL 34239

2345 HIBISCUS CT.
 SARASOTA FL 34239-4638

2. Principal Place of Business

3. Mailing Address

4900 MANATEE AVE. W

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

City & State

City & State

BRADENTON, FLA.

Zip

Country

Zip

Country

34209

USA

4. FEI Number

59-2291776

Applied For

Not Applicable

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

FEINBERG, HAROLD M
 2345 HIBISCUS CT.
 SARASOTA FL 34239

Name

CALVERT N. COURTNEY SR.

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

2202-6th ST. W

City

PALMETTO, FLA.

FL

Zip Code

34221

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

4/24/00

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 **D** ☒ Delete
 NAME FEINBERG, JERRIE
 STREET ADDRESS 2345 HIBISCUS CT.
 CITY-ST-ZIP SARASOTA, FL 00000

TITLE **DP** ☐ Change ☐ Addition
 NAME CALVERT N. COURTNEY SR.
 STREET ADDRESS 2202-6th ST. W
 CITY-ST-ZIP PALMETTO, FLA. 34221

TITLE **DP** ☒ Delete
 NAME FEINBERG, HAROLD M
 STREET ADDRESS 2345 HIBISCUS CT.
 CITY-ST-ZIP SARASOTA, FL 00000

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 line empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Calvert N. Courtney

4/24/00

941-750-8762