

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706436

1. Entity Name

LEALMAN FIRE & RESCUE, INC.

Principal Place of Business

4017 56TH AVE. NORTH
ST PETERSBURG FL 33714

Mailing Address

4017 56TH AVE. NORTH
ST PETERSBURG FLA 33714-1737

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

59-1203451

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

BASSETT, LARRY F
4017 56TH AVE. NORTH
ST PETERSBURG FL 33714

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BROPHY, MICHAEL	
STREET ADDRESS	4120 - 50 STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LITTON, KATHLEEN Q.	
STREET ADDRESS	7701 40TH AVE. NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCMANUS, SHARON E	
STREET ADDRESS	8120 - 50 AVENUE NORTH APT B	
CITY-ST-ZIP	ST. PETERSBURG FL 33709-2234	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, LINDA L.	
STREET ADDRESS	7750 JUSTIN COURT NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARTER, ROBERT	
STREET ADDRESS	2424 - 50 AVENUE NORTH LOT 11	
CITY-ST-ZIP	ST. PETERSBURG FL 33709-2234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Campbell Linda Campbell 1/10/00 727-526-5650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)