

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90153 032 ***150.00

DOCUMENT # 827176

1. Entity Name
C P L INVESTMENTS, INC.



Principal Place of Business
**7600 N KENDALL DR
MIAMI FL 33156
US**

Mailing Address
**3380 FAIRLANE FARMS ROAD
SUITE 1
WELLINGTON FL 33414
US**

2. Principal Place of Business

3. Mailing Address
11101 S CROWN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1

City & State

City & State
Wellington FL

4. FEI Number
36-2710634

Applied For
Not Applicable

Zip

Country

Zip
33414

Country
USA

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

**LEEMON, C. L.
3380 FAIRLANE FARMS ROAD, STE 1
WELLINGTON FL 33414**

Name
CHARLES L. LEEMON III

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

11101 S. CROWN WAY

Suite 1

City
Wellington

FL

Zip Code
33414

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. I am familiar with, and accept the obligations of, registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
LEEMON, LINDA
15850 BRITTEN LANE
WELLINGTON FL 33414** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LEEMON, C. L. III
15850 BRITTEN LANE
WELLINGTON FL 33414** ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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 607, 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:

SIGNATURE REQUIRED
Linda Leemon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03

Date

561-753-9999

Daytime Phone #

CR2E034 (10/02)