

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000004341****1. Entity Name**
LEONIDAS TRADING COMPANY**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90163 015 ***150.00

Principal Place of Business**4477 PARK ROAD**
BENICIA CA 94510**Mailing Address****4477 PARK ROAD**
BENICIA CA 94510**2. Principal Place of Business****4457 PARK ROAD****3. Mailing Address****P O Box 2400****Suite, Apt. #, etc.****BENICIA CA****Suite, Apt. #, etc.****BENICIA CA****City & State****City & State****4. FEI Number****68-0434824****Applied For****Not Applicable****Zip****94510****Country****USA****Zip****94510****Country****USA****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code**

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)

JAN 31 2002**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**OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
	PSTD			
	ROSCOE, NED F			
	4477 PARK ROAD			
	BENICIA CA 94510			
	VD			
	BALDWIN, SALLY J			
	4477 PARK ROAD			
	BENICIA CA 94510			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 31 2002**Date****(707)745-6691****Daytime Phone #**

CR2E034 (9/01)