

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90010 031 ***150.00

DOCUMENT # **F02871**

1. Entity Name

T. LEONARD INSURANCE AGENCY INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

422 PARKWAY CT

Suite, Apt. #, etc.

3. Mailing Address

422 PARKWAY CT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number

45 0148329

Applied For

Not Applicable

Zip

Country

33919-3118

USA

Zip

Country

33919

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LEONARD, TAL T.

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

422 PARKWAY CT

City

FORT MYERS

FL

Zip Code

33919

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PST.

LEONARD, TAL T.

422 Parkway Ct

Ft Myers, FL 33919

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V.

LEONARD, MICHAEL W.

422 Parkway Ct

Ft Myers, FL 33919

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D.

LEONARD, TAL T.

422 Parkway Ct

Ft Myers, FL 33919

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**(Note: We Never Received our
Annual "UBR" from your
office and sending this in its
Place.)**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-02

1-941-4664433

CR2E034B (12/01)