

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F15507**

1. Entity Name

LEFILS ENTERPRISES, INC.**FILED**
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90133 044 ***150.00

600057

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

767 W. NEW YORK AVE
LAKE HELEN FL 32744
US**1391 OSCEOLA TRAM RD**
OSTEEN FL 32764
US

2. Principal Place of Business

3. Mailing Address

767 W. New York Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Helen, FL4. FEI Number **59-2049011**

Applied For

Not Applicable

Zip

Country

Zip

Country

32744**Volusia**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

LEFILS, DONALD F., JR.
1391 OSCEOLA TRAM RD
OSTEEN FL 32764

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	LEFILS, DONALD F JR	1391 OSCEOLA TRAM RD	OSTEEN FL 32764	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VTD	LEFILS, PAMELA F. (S)	1391 OSCEOLA TRAM RD	OSTEEN FL 32764	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela F. LeFils

Date

1-4-01

Daytime Phone #

904-228-3874

CR2E034 (10/00)