

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90119 038 \*\*\*150.00

**DOCUMENT # F25267**

1. Entity Name  
**B AND B LEAF OF FLORIDA, INC.**



Principal Place of Business  
**59447 SE GLEN EAGLE WAY  
STUART FL 34994**

Mailing Address  
**59447 SE GLEN EAGLE WAY  
STUART FL 34994**



2. Principal Place of Business  
**9408 Palestro Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**9408 Palestro Street**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lake Worth, FL**  
Zip  
**33467**  
Country  
**Palm Beach**

City & State  
**Lake Worth, FL**  
Zip  
**33467**  
Country  
**Palm Beach**

4. FEI Number  
**59-2116530**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEAF, ROBERT  
5944 SE GLEN EAGLE WAY  
STUART FL 34997**

7. Name and Address of New Registered Agent

Name  
**LEAF, ROBERT**  
Street Address (P.O. Box Number is Not Acceptable)  
**9408 Palestro Street**  
City  
**LAKE WORTH** FL Zip Code  
**33467**

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 *Robert Leaf*  
Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

**X 3/10/03**  
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

TITLE  
**PD** ☐ Delete  
NAME  
**LEAF, ROBERT**  
STREET ADDRESS  
**5944 SE GLEN EAGLE WAY**  
CITY-ST-ZIP  
**STUART FL**

TITLE  
**VD** ☐ Delete  
NAME  
**LEAF, BARBARA**  
STREET ADDRESS  
**5944 SE GLEN EAGLE WAY**  
CITY-ST-ZIP  
**STUART FL**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD** ☒ Change ☐ Addition  
NAME  
**LEAF, ROBERT**  
STREET ADDRESS  
**9408 Palestro Street**  
CITY-ST-ZIP  
**LAKE WORTH, FL 33467**

TITLE  
**VD** ☒ Change ☐ Addition  
NAME  
**LEAF, BARBARA**  
STREET ADDRESS  
**9408 Palestro Street**  
CITY-ST-ZIP  
**LAKE WORTH, FL 33467**

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 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: *Robert Leaf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**(561) 965-9489**  
Date Daytime Phone #

CR2E034 (10/02)