## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # F9700006499 LEONARD JAMES, INC. 01-18-2000 90028 008 \*\*\*150.00 Mailing Address Principal Place of Business 4645 RUFFNER STREET, STE R 4645 RUFFNER STREET. STE R SAN DIEGO CA 92111 SAN DIEGO CA 92111-2249 A0004242 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 33-0380283 Not Acquire and Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOGGINS, MARC O Street Address (P.O. Box Number is Not Acceptable) 3532 YARDLEY AVE. N. ST. PETERSBURG FL 33713 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE. TITLE Delete DUNPHEY, JAMES R NAME NAME STREET ADDRESS 851 BALBOA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORONADO CA Change CVSD ☐ Addition ☐ Delete TITLE P/V/T/S/D/C NAME LEONARD, DAVID W NAME LEONARD, DAVID W. STREET ADDRESS 6747 TUXEDO ROAD STREET ADDRESS 4645 RUFFNER STREET, SUITE R CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA <u>SAN DIEGO, CA 92111</u> Delete-TITLE -☐ Change Addition TITLE\* -LEONARD, DAVID W NAME NAME STREET ADDRESS 6747 TUXEDO RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA □ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 ent with an address, with all other like empowered.

SIGNATURE:

Leonard, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR