

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90010 042 ***150.00

DOCUMENT # F98000004867

1. Entity Name
LELAND WHOLESAL CORP.

Principal Place of Business
219 S. RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617

Mailing Address
5145 FISCHER
CINCINNATI OH 45217

2. Principal Place of Business

3. Mailing Address

5145 FISCHER PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CINCINNATI OH

City & State

Zip

Country

45217

Country

USA

4. FEI Number

57-1008472

Applied For

Not Applicable

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

VILA, CHRISTI

219 S RIVERHILLS DR.

TEMPLE TERRACE FL 33617

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
NAME
THURNER JR, GEORGE E
STREET ADDRESS
929 BURNEY LN
CITY-ST-ZIP
CINCINNATI OH

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
S
NAME
THURNER III, GEORGE E
STREET ADDRESS
3041 OBSERVATORY AVE.
CITY-ST-ZIP
CINCINNATI OH

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
AS
NAME
FISHER, CARL
STREET ADDRESS
5145 FISCHER AVE
CITY-ST-ZIP
CINCINNATI OH 45217

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

5145 FISCHER PL
CINCINNATI OH 45217

Date

Daytime Phone #

CR2E034 (9/01)