

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90152 018 \*\*\*150.00

**DOCUMENT # G04899**

1. Entity Name

**TUNE TOWN LEESBURG, INC.**

Principal Place of Business

**10401-208 HWY 441 S.  
LEESBURG FL 34788  
US**

Mailing Address

**10401-208 HWY 441 S.  
LEESBURG FL 34788  
US**

2. Principal Place of Business

**10401-130 HWY 441 S**

3. Mailing Address

**10401-130 HWY 441 S**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Leesburg, FL**

City & State  
**Leesburg, FL**

4. FEI Number

**59-2228306**

Applied For

Not Applicable

Zip  
**34788**

Country  
**US**

Zip  
**34788**

Country  
**US**

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

**SCHWARTZ, DAVID  
10401-208 HWY 441 S  
LEESBURG FL 32788**

Name  
**Schwartz, David**

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

**10401-130 HWY 441 S**

City  
**Leesburg**

**FL**

Zip Code  
**34788**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SCHWARTZ, DAVID L.  
05348 ROYAL OAK DR.  
FRUITLAND PARK FL** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/2/02**  
Date

**352 326-2143**  
Daytime Phone #

CR2E034 (9/01)