

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90256 037 \*\*\*150.00

**DOCUMENT # G57358**  
**1. Entity Name**  
**STEPHEN H. LEONARD AND ASSOCIATES, INC.**

**Principal Place of Business**      **Mailing Address**  
~~2475 HOLLYWOOD BLVD~~      2801 NE 39 CT.  
~~HOLLYWOOD FL 33083~~      LIGHTHOUSE POINT FL 33064  
~~US~~      US



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 2500 E. COMMERCIAL      Suite, Apt. #, etc.  
 SUITE D      BLVD  
 City & State      City & State  
 FT. CAUDERNALE, FL.  
 Zip      Country      Zip      Country  
 33308      USA

**4. FEI Number** 59-2329335      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 LEONARD, STEPHEN H.  
 2801 NE 39 CT.  
 LIGHTHOUSE POINT FL 33064  
 RITE

**7. Name and Address of New Registered Agent**  
 Name: LEONARD, STEPHEN H. LAWRENCE & FRODO, LTD.  
 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** \_\_\_\_\_ (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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEONARD, STEPHEN H.	
STREET ADDRESS	2801 NE 39 COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEONARD, STEPHEN H.	
STREET ADDRESS	2801 NE 39 CT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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** \_\_\_\_\_ **DATE** 4/8/02 **Daytime Phone #** 954-772-9596

CR2E034 (9/01)