

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
2475 HOLLYWOOD BLVD
HOLLYWOOD FL 33064
US

Mailing Address
2801 NE 39 CT.
LIGHTHOUSE POINT FL 33064
US



DO NOT WRITE IN THIS SPACE

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

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 RUCHE		7. Name and Address of New Registered Agent Name: LEONARD, STEPHEN H. Street Address (P.O. Box Number is Not Acceptable): 2801 NE 39 CT. City: FL Zip Code: 33064	
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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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME LEONARD, STEPHEN H. STREET ADDRESS 2801 NE 39 COURT CITY-ST-ZIP LIGHTHOUSE POINT FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME LEONARD, STEPHEN H. STREET ADDRESS 2801 NE 39 CT CITY-ST-ZIP LIGHTHOUSE POINT FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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**

4/8/02 854-772-9596

CR2E034 (9/01)