

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90243 046 ***150.00

DOCUMENT # H16321

1. Entity Name
LEATHERWORKS OF MARCO ISLAND, INC.

Principal Place of Business

**1000 NO COLLIER BLVD
 STE 18
 MARCO ISLAND FL 33937
 US**

Mailing Address

**1000 NO COLLIER BLVD
 STE 18
 MARCO ISLAND FL 33937
 US**



2. Principal Place of Business

696 BAY EAGLE DR

3. Mailing Address

696 BAY EAGLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MARCO ISLAND, FL

City & State
MARCO ISLAND, FL

4. FEI Number **59-2433129**

Applied For
 Not Applicable

Zip
34145

Country
USA

Zip
34145

Country
USA

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

**KENISON, CAROLYN
 1000 N COLLIER BLVD #18
 MARCO ISLAND FL 34145**

Name **CAROLYN KENISON**

Street Address (P.O. Box Number is Not Acceptable)
696 BAY EAGLE DR

City **MARCO ISLAND** **FL** Zip Code **34145**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
 NAME **KENISON, CAROLYN M.**
 STREET ADDRESS **1000 NO COLLIER BLVD STE 18**
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE **PST** ☒ Change ☐ Addition
 NAME **CAROLYN KENISON**
 STREET ADDRESS **696 BAY EAGLE DR**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 _____ Daytime Phone # _____

4-23-02 941-394-4949

CR2E034 (9/01)