2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 AM
Secretary of State

DOCUMENT# H37564

Entity Name: LEON STONE & ASSOCIATES, INC.

Current Principal Place of Business:

3825 HENDERSON BLVD
STE 604
TAMPA, FL 336099243 US

New Principal Place of Business:

3825 HENDERSON BLVD
STE 403
TAMPA, FL 336295032 US

Current Mailing Address:

3825 HENDERSON BLVD
STE 604
TAMPA, FL 33629 US

New Mailing Address:

3825 HENDERSON BLVD
STE 403
TAMPA, FL 336295032 US

FEI Number: 59-2957104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONE, STEPHEN M.
725 N. MAGNOLIA AVE.
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STONE, LEON,
Address: 3825 HENDERSON BLVD STE 604
City-St-Zip: TAMPA, FL

Title: S ( ) Delete
Name: ROSS, BERNICE
Address: 3825 HENDERSON BLVD STE 604
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STONE, LEON,
Address: 3825 HENDERSON BLVD STE 403
City-St-Zip: TAMPA, FL 336295032 US

Title: S (X) Change ( ) Addition
Name: ROSS, BERNICE
Address: 3825 HENDERSON BLVD STE 403
City-St-Zip: TAMPA, FL 336205032

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON N. STONE PD 04/25/2002

Electronic Signature of Signing Officer or Director Date