

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # H86755**

1. Entity Name

**LEAK TECH OF FLORIDA, INC.**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90027 025 \*\*\*158.75

Principal Place of Business

Mailing Address

3400 SANDY HOLLOW RD  
 CENTURY FL 32535  
 US

POST OFFICE BOX 39  
 GONZALEZ FL 32534-0587  
 US

2. Principal Place of Business

9601 W. Palafox St  
 Suite, Apt. #, etc.  
 5-A

3. Mailing Address

PO Box 7587  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Pensacola, FL

City & State  
 Pensacola, FL

4. FEI Number **59-2604549**

Applied For  
 Not Applicable

Zip  
 32534

Country  
 Escambia

Zip  
 32534

Country  
 Escambia

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

COON, WILLIAM P.  
 3400 SANDY HOLLOW RD  
 CENTURY FL 32535

Name  
 WILLIAM K. COON

Street Address (P.O. Box Number is Not Acceptable)  
 3400 Sandy Hollow Road

City Century FL Zip Code 32535

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

*William K. Coon*

4-4-00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	COON, WILLIAM K	
STREET ADDRESS	3510 SANDY HOLLOW RD.	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	COON, WILLIAM P	
STREET ADDRESS	3510 SANDY HOLLOW RD	
CITY-ST-ZIP	CENTURY FL 32535	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*William K. Coon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00  
 Date

850(473-7940)  
 Daytime Phone #

CR2E034 (9/99)