

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

2001-2002

APPROVED  
AND  
FILED

02 FEB -8 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H86755**  
1. Entity Name  
**LeAK Tech of Florida Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5026 Arthur Brown Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1239**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Mc David, Fl.**

City & State  
**Century, Fl.**

Zip  
**32568**

Country  
**USA**

Zip  
**32535**

Country  
**USA**

4. FEI Number  
**59-2604549**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**William Kevin Coon**

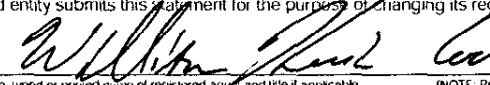
Street Address (P.O. Box Number is Not Acceptable)  
**3400 Sandy Hollow Road**

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  DATE **1/25/02**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President William Kevin Coon 3400 Sandy Hollow Road Century, Fl. 32535</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000004981910-- -02/21/02--01063--008 ****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000004981910-- -02/21/02--01063--008 ****150.00 ****150.00</b>
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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 on an attachment with an address, with all other like information.

SIGNATURE:  DATE **1/25/02** DAYTIME PHONE # **(850) 327-6593**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (1/20)

P.O. Box 1239  
Century, Florida 32535-1239  
Office: (850) 327-6593  
Fax: (850) 327-4158

# LEAK TECH OF FLORIDA, INC.

January 25, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

Dear Florida Department Of State,

During the past year LEAK TECH OF FLORIDA, INC. has had several address changes due to relocating our business. This is the reason for our late filing on 2001. We never received the form at our new address. At this time LEAK TECH OF FLORIDA, INC. would like to update the Department of State on our current Addresses.

Physical Address:

5026 Arthur Brown Road

McDavid, FL 32568

Mailing Address:

P. O. Box 1239

Century, FL 32535-1239

LEAK TECH OF FLORIDA, INC. would like to apologize for any inconvenience that this may have caused the Florida Department of State.

Sincerely,



William Kevin Coon  
Owner/ President

WKC/zb

