

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J13739

1. Entity Name

LEECE SALES, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90018 024 ***150.00

Principal Place of Business
8321 WEST FOREST CIRCLE
TAMPA FL 33615-1837

Mailing Address
8321 WEST FOREST CIRCLE
TAMPA FL 33615-1837

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2679530

Applied For
Not Applied

Zip

Country

Zip

Country

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

LEECE, WAYNE
8321 WEST FOREST CIRCLE
TAMPA FL 33615

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE PST
NAME LEECE, WAYNE
STREET ADDRESS 8321 WEST FOREST CIR
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D
NAME LEECE, WAYNE
STREET ADDRESS 8321 WEST FOREST CIR
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE V
NAME LEECE, JOSEPHINE A.
STREET ADDRESS 8321 W FOREST CLINIC
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wayne A. Leece
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00
Date

813/888-57
Daytime Phone #