

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90737 011 ***150.00

DOCUMENT # **K09465** ✓
1. Entity Name
Jennifer Leachman, Inc

DO NOT WRITE IN THIS SPACE

80123389

2. Principal Place of Business
5220 E. Colonial Rd
Suite, Apt. #, etc.

3. Mailing Address
5220 E. Colonial Rd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL
Zip
32807
Country
Orange

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Orlando FL
Zip
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4. FEI Number
59-2871204
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
Jennifer Leachman
Street Address (P.O. Box Number is Not Acceptable)
5220 E. Colonial Rd
City
Orl FL Zip Code
32807

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 of registered agent and name of registered agent, and if applicable, (NOTE: Registered Agent Signature required when name change)

DATE

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

10. Election Campaign Financing Trust Fund Contribution. ☒ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Owner Jennifer Leachman 5220 E. Colonial Rd Orl FL 32807
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/02

6/07 215-4602

CR2E034B (12/01)

Attachment
Rt# K09/65
B0123389

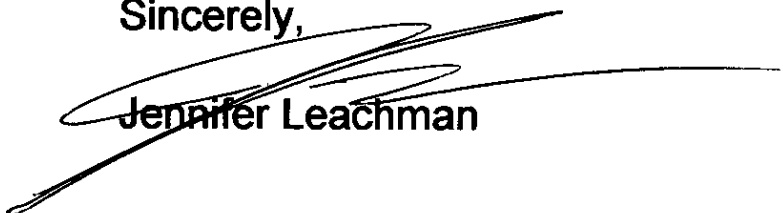
May 24, 2002

To: Florida Division of State
From: Jennifer Leachman, Inc.

To Whom It May Concern:

I am late filing my annual report because I did not receive my annual report in the mail. It seems that the forwarding order had expired. I have made the appropriate change of address on the annual report and enclosed my annual fee.

Sincerely,



Jennifer Leachman