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	3. Mailing Address
5220 E. Colonial R	5220 E. Colonial R
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando Fl	City & State: Orlando FL
Zip: 32807 / Country: Orange	Zip: 32807 / Country: Orange

DO NOT WRITE IN THIS SPACE

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 R
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, 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) ☐

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

11. OFFICERS AND DIRECTORS

TITLE	Owner
NAME	Jennifer Leachman
STREET ADDRESS	5220 E. Colonial R
CITY-ST-ZIP	Orl Fl 32807
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/24/02
Daytime Phone #: 407 215-4602

Attachment
RH K09465
B01233B9

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