

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91190 023 ***150.00

DOCUMENT # K22646

1. Entity Name
LEADING EDGE MARINE INC.



Principal Place of Business

**4720 WILDERNESS TR
SEBRING FL 33872 33875**

Mailing Address

**4720 WILDERNESS TR
SEBRING FL 33872 33875**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0048701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIERS, GEORGE
17200 S.W. 48TH ST
FT. LAUDERDALE FL 33331**

Name

LIERS, George

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

4720 WILDERNESS TRAIL

City

SEBRING

FL

Zip Code

33875

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George Liers V.P.

4-10-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **LIERS, LINDA P**
STREET ADDRESS **17200 S.W. 48TH ST**
CITY-ST-ZIP **FT. LAUDERDALE FL 33331**

TITLE **PT** ☒ Change ☐ Addition
NAME **LIERS, LINDA P.**
STREET ADDRESS **4720 WILDERNESS TRAIL**
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE **VP** ☐ Delete
NAME **LIERS, GEORGE**
STREET ADDRESS **17200 SW 48TH ST**
CITY-ST-ZIP **PORT LAUDERDALE FL 33331**

TITLE **NP** ☒ Change ☐ Addition
NAME **LIERS, George**
STREET ADDRESS **4720 WILDERNESS TRAIL**
CITY-ST-ZIP **SEBRING, FL. 33875**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David R. Rios

4-10-03

954-448-5658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)