

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44090

1. Entity Name
ARNOLD LEBOFF CONSTRUCTION, INC.

Principal Place of Business Mailing Address
1857 WILTSHIRE VILLAGE DR P.O. BOX 1287
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470

2. Principal Place of Business 3. Mailing Address
13774 CRESTON PLACE Suite, Apt. #, etc.

City & State City & State
WELLINGTON FL Zip Country
33414 USA

4. FEI Number 65-0081557 Applied For
Not Applicable

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
SIEGEL, RONALD L Name
900 N. FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable)
SUITE 340
BOCA RATON FL 33432 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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEIBOFF, GLORIA 1857 WILTSHIRE VILLAGE DR. W. PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIBOFF, ARNOLD 1857 WILTSHIRE VILLAGE DR. W. PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of Arnold Leboff 1-5-02 (561) 798-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State
01-14-2002 90004 022 ***158.75



DO NOT WRITE IN THIS SPACE

039/538 AV

CR2034 (9/01)