2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State
01-06-2003 90080 041 ***158.75

DOCUMENT # **K44090**

1. Entity Name
ARNOLD LEBOFF CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
13774 CREATION PLACE	P.O. BOX 1287
WEST PALM BEACH FL 33414	LOXAHATCHEE FL 33470

☐ CHECK HERE IF MAKING CHANGES

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 65-0081557 ☐ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
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	DP	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	LEIBOFF, GLORIA		NAME		
STREET ADDRESS	1857 WILTSHIRE VILLAGE DR.		STREET ADDRESS	13774 CRESTON PLACE	
CITY-ST-ZIP	W. PALM BEACH FL		CITY-ST-ZIP	WELLINGTON FL. 33414	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LEIBOFF, ARNOLD		NAME		
STREET ADDRESS	1857 WILTSHIRE VILLAGE DR.		STREET ADDRESS	13774 CRESTON PLACE	
CITY-ST-ZIP	W. PALM BEACH FL		CITY-ST-ZIP	WELLINGTON FL. 33414	
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STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Arnold Leiboff ARNOLD LEIBOFF (D) 01/02/03 561-798-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #