

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012962

1. Entity Name

LEAPTOP USA, LLC

Principal Place of Business

% 111 NORTH ORANGE AVENUE, 20TH FLOOR  
ORLANDO FL 32801

Mailing Address

% 111 NORTH ORANGE AVENUE, 20TH FLOOR  
ORLANDO FL 32801

FILED

2001 JUN -7 PM 1:06

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1011 Maitland Center Commons

1011 Maitland Center Commons

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

U.S.

Zip

32751

Country

U.S.

4. FEI Number

593678786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELDS, RANDOLPH H

111 NORTH ORANGE AVENUE, 20TH FLOOR  
ORLANDO FL 32801

Name

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

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME FIELDS, RANDOLPH H  
STREET ADDRESS 111 NORTH ORANGE AVENUE, 20TH FLOOR  
CITY-ST-ZIP ORLANDO FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D, President  
NAME Wolfson, Gary  
STREET ADDRESS 1011 Maitland Center Commons, Maitland FL 32751  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D, Vice President  
NAME Li, Shao Qing  
STREET ADDRESS 138 Pudong Ave, 28th Floor, Yiny Hua Mansion  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D, Sec/Treas.  
NAME Tucker, Randolph  
STREET ADDRESS 1011 Maitland Center Commons, Maitland  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Gary L. Wolfson

5/1/01

407-838-0400