

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 SEP 16 AM 9:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L65144**

1. Entity Name
LEAHY INCORPORATED



Principal Place of Business
**5307 NW 35 TERR
FT LAUDERDALE FL 33309
US**

Mailing Address
**5307 NW 35 TERR
FT LAUDERDALE FL 33309
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3039757**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~THE PRENTICE-HALL CORPORATION SYSTEM INC.~~
~~1201 HAYS STREET, SUITE 105~~
~~TALLAHASSEE FL 32301~~

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 Delete
NAME **CD CAMERON, C A**
STREET ADDRESS **18185 SOUTH EAST VILLAGE CIRCLE**
CITY-ST-ZIP **TEQUESTA FL 33465**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200023053632
09/15/03--01076--004 *550.00**

TITLE Delete
NAME **PTS GLASSER, GEORGE**
STREET ADDRESS **2432 N.E. 27TH TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D LEWIS, BURT A**
STREET ADDRESS **1133 AVENUE OF AMERICAS**
CITY-ST-ZIP **NEW-YORK-NY**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(l), 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/03

954-485 7788

Date

Daytime Phone #

CR2E034 (4/03)