

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91345 041 ***150.00

DOCUMENT # L66571

1. Entity Name
JOE LEFFLER PAINTING AND WATERPROOFING, INC.



Principal Place of Business
1381 N. KILLION BAY 4
LAKE PARK FL 33403

Mailing Address
P.O. BOX 13868
N. PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0183413

Applied For

Not Applicable

Zip
33403

Country
PLM. BEACH

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

LEFFLER, JOSEPH D
330 SOUTHWIND DR STE 1
N PLM BCH FL 33408

Name **Leffler, JOSEPH D.**
Street Address (P.O. Box Number is Not Acceptable)
816 8th CT.
City **PLM. BCH Gardens** FL Zip Code **33410**

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution: ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
LEFFLER, JOSEPH D
330 SOUTHWIND DR. #1
N. PALM BEACH FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
Leffler, JOSEPH D.
816 8th CT.
PLM BCH. Gdns, FL 33410 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ARNOLD, TERRY L
1030 MILITARY TRAIL LOT 66
JUPITER FL 33458 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 (561) 744-8086

CR2E034 (10/02)