

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90057 043 \*\*\*\*50.00

**DOCUMENT # L98000000025**

1. Entity Name

**LEADERSHIP DEVELOPMENT, LLC**

Principal Place of Business

**717 ALTALOMA AVE. SUITE A  
ORLANDO FL 32803**

Mailing Address

**717 ALTALOMA AVE. SUITE A  
ORLANDO FL 32803**

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 **59-3490740**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ELLORDT, BRENDA L  
2601 WELLS AVE. #141  
FERN PARK  
ORLANDO FL 32730**

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete

NAME **WU, MARTIN**  
STREET ADDRESS **7479 PARK SPRINGS CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **S** ☐ Delete

NAME **WU, AMY**  
STREET ADDRESS **7479 PARK SPRINGS CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **MGRM** ☐ Delete

NAME **STEPHEN, THOMAS A**  
STREET ADDRESS **600 OLIVER STREET**  
CITY-ST-ZIP **TROY MI 48084**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition

NAME **WU, MARTIN**  
STREET ADDRESS **717 Altaloma Ave STE A**  
CITY-ST-ZIP **Orlando, FL 32803**

TITLE **S** ☒ Change ☐ Addition

NAME **WU, Amy**  
STREET ADDRESS **717 Altaloma Ave STE A**  
CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: **MARTIN WU**  
**President**

**1-9-2002** **(407) 8981266**

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

Date

Daytime Phone #

CR2E083 (9/01)