

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0023831 AF

DOCUMENT # L99000002942

1. Entity Name

LEONARD & LOWE, L.C.

01 APR 27 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1680 SW BAYSHORE BLVD., SUITE 233
PORT ST. LUCIE FL 34984

Mailing Address

1680 SW BAYSHORE BLVD., SUITE 233
PORT ST. LUCIE FL 34984



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

65-0978504

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

LOWE, CURTIS L

1680 SW BAYSHORE BLVD., SUITE 233
PORT ST. LUCIE FL 34984

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 NAME MGR
STREET ADDRESS LOWE, CURTIS
CITY-ST-ZIP 458 SW EYERLY AVENUE
PORT ST. LUCIE FL 34983

☐ Delete

TITLE NAME
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CITY-ST-ZIP

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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: *Curtis Lowe* SIGNATURE REQUIRED

426-01

561 878 6131

CR2E083 (11/00)

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

Date

Daytime Phone #