

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M01000001838**

1. Entity Name

**LEADERSHIP MANAGEMENT, LLC**

Principal Place of Business

**18108 PEREGRINES PERCH PLACE, APT. 110  
LUTZ FL 33549**

Mailing Address

**18108 PEREGRINES PERCH PLACE, APT. 110  
LUTZ FL 33549**

2. Principal Place of Business

**4012 GUNN HWY**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 100**

Suite, Apt. #, etc.

City &amp; State

**TAMPA****FL**

City &amp; State

Zip

**33624**

Country

**US**

Zip

Country

4. FEI Number

**13-4125168**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HOLCOMB, VICTOR W  
106 S. TAMPANIA AVE., STE. 200  
TAMPA FL 33609**

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	MGR	<input type="checkbox"/> Delete
NAME	AVALA, EDWIN	
STREET ADDRESS	18108 PEREGRINES PERCH PLACE, APT. 110	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	AYALA, DENISE	
STREET ADDRESS	18108 PEREGRINES PERCH PLACE, APT. 110	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

**SIGNATURE REQUIRED**

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

Date

**3/21/02 (813) 908-3737**

Daytime Phone #

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90675 008 \*\*\*\*50.00

**80054543**

DO NOT WRITE IN THIS SPACE

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