

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90016 021 ****61.25

DOCUMENT # N00000000489

1. Entity Name

LE'AZON TECHNOLOGY INSTITUTE, INCORPORATED

Principal Place of Business

**110 E GRAPEFRUIT CIRCLE
 CLEARWATER FL 33759**

Mailing Address

**110 E GRAPEFRUIT CIRCLE
 CLEARWATER FL 33759**

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

59-3620207

Applied For

Not Applicable

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

**BARBER, LARON
 110 E GRAPEFRUIT CIRCLE
 CLEARWATER FL 33759**

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PCED**
 STREET ADDRESS **BARBER, LARON**
 CITY-ST-ZIP **110 E. GRAPEFRUIT CIRCLE
 CLEARWATER FL 33759**

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

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **JOHNSON, PERRY**
 CITY-ST-ZIP **7000 SUMMERBRIDGE DR.
 TAMPA FL 33634**

TITLE ☒ Change ☐ Addition
 NAME **CHAIRMAN**
 STREET ADDRESS **Perry Johnson**
 CITY-ST-ZIP **7006 Summer Bridge Dr.
 Tampa, FL 33634**

TITLE ☐ Delete
 NAME **SDT**
 STREET ADDRESS **JOHNSON, PERRY**
 CITY-ST-ZIP **1407 GULF STREAM CIR. #204
 BRANDON FL 33511**

TITLE ☒ Change ☐ Addition
 NAME **SECRETARY/TREASURER**
 STREET ADDRESS **PAT RYAN'S**
 CITY-ST-ZIP **1407 Gulf Stream Circle #204
 Brandon, FL 33511**

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
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 STREET ADDRESS
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TITLE ☐ Delete
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 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)(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 617, 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

Date

Daytime Phone #

4/26/02 727.712.9003

CR2E037 (9/01)