

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01000002183**

1. Entity Name

**LEADING BY EXAMPLE, INC.**

Principal Place of Business

**1804 HARDING AVE.  
SANFORD FL 32771**

Mailing Address

**1804 HARDING AVE.  
SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**31-1769609**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MERKERSON, CRAIG L  
1804 HARDING AVE.  
SANFORD FL 32771**

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. 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

**After September 13, 2002,  
min. will be \$236.25.**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

TITLE	D	NAME	MERKERSON, CRAIG	<input type="checkbox"/> Delete
STREET ADDRESS	1804 HARDING AVE.			
CITY-ST-ZIP	SANFORD FL 32771			
TITLE	D	NAME	MERKERSON, CARLETHA L	<input type="checkbox"/> Delete
STREET ADDRESS	1804 HARDING AVE.			
CITY-ST-ZIP	SANFORD FL 32771			
TITLE	O	NAME	JACKSON, LEROY	<input type="checkbox"/> Delete
STREET ADDRESS	1804 HARDING AVE.			
CITY-ST-ZIP	SANFORD FL 32771			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	D	NAME	Grace Melton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	201 Terry Lane			
CITY-ST-ZIP	Sanford, FL 32771			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Craig L. Merkers**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 11, 2002****407-323-1020**

Daytime Phone #

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90163 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)