

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005833

1. Entity Name

FBI - LEEDA, INC.

Principal Place of Business

Mailing Address

9917 HWY 39 SOUTH
LITHIA FL 33547

P O BOX 655
LITHIA FL 33547-0655
US

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

36-3885342

Applied For

Not Applied For

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

SURRENCY, TROY E
9917 HWY 39 SOUTH
LITHIA FL 33547

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOHERTY, STEPHEN
22 YORK AVE
WATERTOWN MA 02472 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STONE, THOMAS
3 JOSEPH DR
MORRISTOWN PA 19401 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
TAYLOR, RICHARD L
444 EXTONVILLE RD
HAMILTON NJ 08501 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SURRENCY, TROY
9917 HWY 39 S
LITHIA FL 33457 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHARF, LLOYD
3364 ROCKY WAY
ONTARIO CA 91761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SETTER, RICHARD
14600 MINNETONKA BLVD
MINNETONKA MI 55345 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐

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: *TROY E SURRENCY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00 813 737-5722
Date Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90032 024 ****61.25

B0000527



DO NOT WRITE IN THIS SPACE