

2001 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
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 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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME PAST PRESIDENT
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME SURRENCY, TROY
STREET ADDRESS 9917 HWY 39 S
CITY-ST-ZIP LITHIA FL 33547

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME VP
STREET ADDRESS WADE SETTER
CITY-ST-ZIP 5400-85TH AVE No.
BROOKLYN PARK, MN. 55443

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90055 005 ****61.25

C0004146



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)