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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am § Secretary of State DOCUMENT # **N99000005383** 02-04-2002 90137 019 ****61 25 LAKEWOOD RANCH BUSINESS LEADERS, INC. Principal Place of Business Mailing Address % MR STEVE DANY! ... C/O STEVE DANY! 6310 LAKEWOOD RANCH BLVD P.O. BOX 48684 BRADENTON FL 34202 SARASOTA FL 34230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0953162 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CORPAMERICA, INC. 416 S.E. 15 STREET FORT LAUDERDALE FL 33316 City Zip Code F١ 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SEARCY, MIKE STREET ADDRESS STREET ADDRESS 6310 LAKEWOOD RANCH BLVD CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** TITLE ☐ Delete Change ☐ Addition NAME DANYI, STEVE NAME STREET ADDRESS STREET ADDRESS 6310 LAKEWOOD RANCH BLVD. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME REYNOLDS, ANDREW STREET ADDRESS STREET ADDRESS 6310 LAKEWOOF RANCH BLVD CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34202 ☐ Delete ☐ Addition NAME JORGENSEN, NANCY NAME STREET ADDRESS 6310 LAKEWOOD RANCH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34202** TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

(9/01) **CR2E037**