

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90224 038 ***150.00

DOCUMENT # P00000011807

1. Entity Name

JOSEPH LEACH CONSTRUCTION, INC.

Principal Place of Business

**9645 OLD BAYMEADOWS ROAD
SUITE 856
JACKSONVILLE FL 32256**

Mailing Address

**9645 OLD BAYMEADOWS ROAD
SUITE 856
JACKSONVILLE FL 32256**

00012000



DO NOT WRITE IN THIS SPACE

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

59-3621685

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **LEACH, JOSEPH R**
STREET ADDRESS **9645 OLD BAYMEADOWS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32256**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, and that my name appears in Block 11 or Block 12 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

5/26/01
Date

Daytime Phone #

CR2E034 (10/00)

Attachment
P#0000011807
A0072363

**Terence N. Thurson Inc.
Full Accounting Service Firm
8716 Lem Turner Road
Jacksonville, Florida 32208**

**Tele 904-764-7717
Fax 904-766-7608**

**Baymeadows Location:
9838 Old Baymeadows Road Suite 382
Jacksonville, Florida 32256**

May 25, 2001

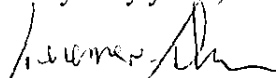
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Reference: P00000011807
59-3621685
Joseph Leach Construction Inc.
9645 Old Bay meadows Road apt 856
Jacksonville, Florida 32256

To whom it may concern:

The above corporation changed CPA's and the other CPA firm forgot to tell the client about the annual report. We found out about on 05/24/2001 and filed it immediately. So, please accept the 150.00 dollars and waive the late filing fee.

Very truly yours,


Terence N. Thurson