

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90269 037 \*\*\*150.00

**DOCUMENT # P00000020171**

1. Entity Name  
**KENNETH LEEB INC.**



Principal Place of Business  
**3301 ALT. 19 N. #352  
DUNEDIN FL 34698**

Mailing Address  
**3301 ALT. 19 N. #352  
DUNEDIN FL 34698**

2. Principal Place of Business  
**11700 W. INDIAN CIRCLE**  
Suite, Apt. #, etc.

3. Mailing Address  
**11700 W. INDIAN CIRCLE**  
Suite, Apt. #, etc.

City & State  
**CRYSTAL RIVER**

City & State  
**CRYSTAL RIVER**

Zip  
**34428**

Country  
**CITRUS**

Zip  
**34428**

Country  
**CITRUS**

4. FEI Number  
**59-3613504**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEE, KENNETH  
3301 ALT. 19 N. #352  
DUNEDIN FL 34698**

**7. Name and Address of New Registered Agent**

Name **LEE, KENNETH**  
Street Address (P.O. Box Number is Not Acceptable)  
**11700 W. INDIAN CIRCLE**  
City **CRYSTAL RIVER** FL Zip Code **34428**

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 **KENNETH LEEB**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/20/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **D LEEB, KENNETH**  
STREET ADDRESS **3301 ALT. 19 N. #352**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME **D LEEB, KENNETH**  
STREET ADDRESS **11700 W. INDIAN CIRCLE**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 607, 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: **KENNETH LEEB** **4/20/03** **352-634-4996**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)