

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000037714*

1. Entity Name  
*Leo Jr Express Inc.*

FILED

03 MAY -8 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*114 George St*  
Suite, Apt. #, etc.

3. Mailing Address  
*P.O. Box 1887*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Interlachen FL*  
Zip *32148* Country *USA*

City & State  
*Interlachen FL*  
Zip *32148* Country *USA*

4. FEI Number  
*59-3647294*

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name *Leo S. Granger Sr.*

Street Address (P.O. Box Number is Not Acceptable)  
*119 Miller Sq*

*Interlachen FL*

City *FL* Zip Code *32148*

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 reappointing)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee \$100.00  
After May 1 Fee \$150.00  
Amended UBR \$100.00  
Make Check Payable to D**

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

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME *President*  
*Leo S. Granger Sr.*  
STREET ADDRESS  
*119 Miller Sq*  
CITY - ST - ZIP  
*Interlachen, FL 32148*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 15 2003* (386) 634-6288

Date

Daytime Phone #

CR2ED34B (12/01)