

2001 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # P00000053712

1. Entity Name
LEEVETTE'S, INC.

Principal Place of Business
2107 CENTERVIEW COURT SOUTH
CLEARWATER FL 33759

Mailing Address
2107 CENTERVIEW COURT SOUTH
CLEARWATER FL 33759

2. Principal Place of Business
1945 Sunset Point Road
Suite, Apt. #, etc.

3. Mailing Address
1945 Sunset Point Road
Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip Country
33765 USA

Zip Country
33765 USA

4. FEI Number
59-3652397

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

LECHNER, BERNARD J
2115 RANGE ROAD
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

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

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 State

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

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Valerie J. Nisk	
STREET ADDRESS	2107 Centerview Court South	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Valerie J. Nisk	
STREET ADDRESS	2107 Centerview Court South	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Valerie J. Nisk	
STREET ADDRESS	2107 Centerview Court South	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Valerie J. Nisk	
STREET ADDRESS	2107 Centerview Court South	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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

3/19/01

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

03-21-2001 90063 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)