2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

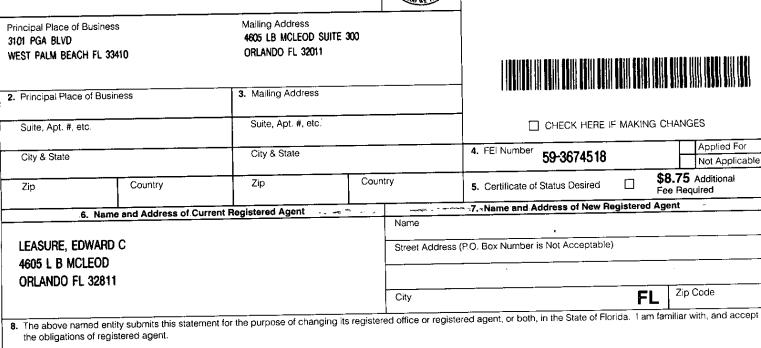
DOCUMENT #

P00000086375

1. Entity Name

SIGNATURE

A. C. LEASURE, INC.



☐ CHECK HERE IF MAKING CHANGES Applied For Not Applicable \$8.75 Additional Fee Required Zip Code

DATE

9. Election Campaign Financing

FILED

Jan 06, 2003 8:00 am

Secretary of State

01-06-2003 90045 040 ***150.00

After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition Change TITLE ☐ Delete TITLE NAME LEASURE, EDWARD NAME STREET ADDRESS 9731 CHESTERNUT RIDGE STREET ADDRESS CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

(NOTE: Registered Agent signature required when reinstating)

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.

CITY-ST-ZIP

SIGNATURE:

COLORED SECURAD TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

\$5.00 May Be

Added to Fees