FOR PROFIT CORPORATION
700 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000009051a

1. Entity Name

LE-NINA, INC. ✓

DO NOT WRITE IN THIS SPACE

671831

2. Principal Place of Business	**3.** Mailing Address
7070 CORTEZ RD W.	7070 CORTEZ RD W
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	**4.** FEI Number	Applied For
BRADENTON, FL	BRADENTON, FL	65-1050109	Not Applicable

| Zip 34210 | Country | Zip 34210 | Country | **5.** Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |

7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

Name NORMAN L. HOARD

Street Address (P.O. Box Number is Not Acceptable) 7070 CORTEZ RD. W.

City BRADENTON   FL   Zip Code 34210

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) ☐ | **January 1 - May 1 Fee is $150.00**
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	NORMAN L. HOARD	NAME	
STREET ADDRESS	7070 CORTEZ RD W	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34210	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	**IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: Norman L. Hoard   4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #