

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90446 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

7002

DOCUMENT # P000000090512
 1. Entity Name
LE-NINA, INC. ✓

671831

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7020 CORTEZ RD W.
 Suite, Apt. #, etc.

3. Mailing Address
7020 CORTEZ RD W
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRADENTON, FL BRADENTON, FL
 City & State

4. FEI Number
65-1050109 Applied For
 Not Applicable

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

Zip 34210 Country Zip 34210 Country

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
NORMAN L. HEARD

Street Address (P.O. Box Number is Not Acceptable)
7020 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>NORMAN L. HEARD</u> <u>7020 CORTEZ RD W</u> <u>BRADENTON, FL 34210</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 Heard Date 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZE034B (12/01)