

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90090 028 ***150.00

DOCUMENT # P00000093085

1. Entity Name

Leyden Enterprises

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8125 US Hwy 19

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Port Richey

City & State

4. FEI Number

59-3685479

Applied For

Not Applicable

Zip

34668

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name

Karen Leyden

Street Address (P.O. Box Number is Not Acceptable)

12712 Eola Ave.

City

New Port Richey

FL

Zip Code

34654

**DO NOT WRITE
IN THIS SPACE**

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 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 PTD
NAME Leyden, John
STREET ADDRESS 12712 Eola Ave.
CITY - ST - ZIP New Port Richey, FL 34654

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VSD
NAME Leyden, Karen
STREET ADDRESS 12712 Eola Ave.
CITY - ST - ZIP New Port Richey, FL 34654

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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:

Karen Leyden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

Daytime Phone #

CR2E034B (12/01)