

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90293 020 ***150.00

DOCUMENT

1. Entity Name

PO000010551
 Leader, Inc.

Principal Place of Business

13127 LAVER LANE
 ORLANDO
 FL 32824

Mailing Address

13127 LAVER LANE
 ORLANDO
 FL 32824

2. Principal Place of Business

13127 LAVER LANE
 Suite, Apt. #, etc. HOUSE

3. Mailing Address

13127 LAVER LANE
 Suite, Apt. #, etc. HOUSE

City & State

ORLANDO FL.

City & State

ORLANDO FL

4. FEI Number

Applied For

Not Applicable

Zip

32824

Country

USA

Zip

32824

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MR. P. DIXON
 460 E. SEMORAN BLVD.
 SUITE 104
 CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name MR. NIGEL QUÉMARD
 Street Address (P.O. Box Number is Not Acceptable)
 13127 LAVER LANE
 City ORLANDO FL Zip Code 32824

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 NIGEL QUÉMARD

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

(NOT: Registered Agent signature required when reinstating)

05-18-01

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 & SECRETARY <input type="checkbox"/> Delete
NAME	NIGEL QUÉMARD
STREET ADDRESS	13127 LAVER LANE
CITY-ST-ZIP	ORLANDO FL 32824
TITLE	VICE PRESIDENT & TREASURER <input type="checkbox"/> Delete
NAME	TINA QUÉMARD
STREET ADDRESS	13127 LAVER LANE
CITY-ST-ZIP	ORLANDO FL 32824
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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 OF DIRECTOR

05-18-01

Date

407 857 8908

Daytime Phone #

CR2034 (11/00)