

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90269 041 ***150.00

DOCUMENT # P01000003427

1. Entity Name
BEE LEAF CORPORATION



Principal Place of Business
9219 SW 12TH AVE.
GAINESVILLE FL 32607-3216

Mailing Address
9219 SW 12TH AVE.
GAINESVILLE FL 32607-3216

2. Principal Place of Business

3. Mailing Address

1110 S. MAIN ST.

#20 NW 8th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 10

CITY & STATE
HIGH SPRINGS, FL

CITY & STATE
HIGH SPRINGS, FL

Zip

Country

Zip

Country

32643

USA

32643

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3690383**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOULTON, CLAUDE R
4422 NW 34TH DR.
GAINESVILLE FL 32605-6002

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **AUSTIN, DONALD G**
STREET ADDRESS **9219 SW 12TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32607-3216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **AUSTIN, LUCINDA A**
STREET ADDRESS **9219 SW 12TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32607-3216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-03 386-454-1807

CR2E034 (10/02)