

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-13-2002 90097 001 ***150.00

DOCUMENT # **POI 000018718**1. Entity Name **LEADS AND NETWORKING SOLUTIONS, INC.****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

505 WETHERBY LN

Suite, Apt. #, etc.

3. Mailing Address

SAUL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. AUGUSTINE, FL

City & State

4. FEI Number

59-3703028

Applied For

Not Applicable

Zip

32092

Country

ST. JAMES

Zip

Country

5. Certificate of Status District

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

DAVID INTERVOSLIA

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

3149 PINE BLVD**UNIT #7**

City

ST. AUGUSTINE

FL

Zip Code

32084

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

**DAVID W. LEACH, PRES.****4/30/02**

NOTE: Registered Agent signature required when filing this statement.

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☒

10. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

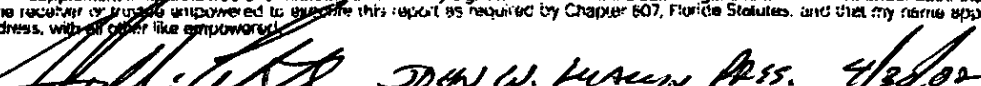
TITLE	P. V. T. S. D.
NAME	DAVID W. LEACH
STREET ADDRESS	505 WETHERBY LN
CITY - ST - ZIP	ST. AUG. FL 32092
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NAME	
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 empowerments.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. LEACH, PRES.

Signature Thru 9

24-287-6728