

2002
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90116 004 ***150.00

DOCUMENT # **P01000049768**

1. Entity Name

**LEO'S COMPLETE GROUND MAINTENANCE
OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1689 WESTCOTT ST. S.E.
PALM BAY, FL 32909**

**1689 WESTCOTT ST. S.E.
PALM BAY, FL 32909**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1102461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEATHER HOLLIDAY
1689 WESTCOTT ST. S.E.
PALM BAY, FL 32909**

Name **HEATHER HOLLIDAY**
Street Address (P.O. Box Number is Not Acceptable)
1689 WESTCOTT ST. S.E.
City **PALM BAY** FL **32909**

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 **Heather Holliday**

HEATHER HOLLIDAY

3/14/02

Signature, typed or printed name of registered agent and fee, 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) ☐

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DIPT	HOLLIDAY LEO	1689 WESTCOTT ST. SE.	PALM BAY, FL 32909	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIS	HOLLIDAY HEATHER	1689 WESTCOTT ST. SE.	PALM BAY, FL 32909	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIUP	HOLLIDAY EURY	1205 KARLOZY AVE	PALM BAY, FL 32907	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Heather Holliday** **HEATHER HOLLIDAY, PRES** **3/14/02 (321) 723-4322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)