

2003  
2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 05, 2003 8:00 am  
Secretary of State

04-18-2003 90180 036 \*\*\*150.00

DOCUMENT # P01000060052

1. Entity Name

LESLIE INVESTMENTS, INC.

Principal Place of Business

523 S. WIGGINS ROAD  
PLANT CITY FL 33566

Mailing Address

523 S. WIGGINS ROAD  
PLANT CITY FL 33566

2. Principal Place of Business

3401 E Midway Rd  
Suite, Apt. #, etc.

3. Mailing Address

3401 E Midway Rd  
Suite, Apt. #, etc.

City & State

Plant City 31

City & State

Plant City 31

4. FEI Number

59-3727285

Applied For

Not Applicable

Zip

33565

Country

USA

Zip

33565

Country

USA

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

TANCREDI, CHRISTOPHER A  
SNAHKMAN TANCREDI & CO. L.C.  
110 E. REYNOLDS ST., SECOND FLOOR  
PLANT CITY FL 33566-3370

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

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 \$560.00 / 150.**  
**After September 13, 2002 Fee will be \$750.00**  
**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 P  
NAME LESLIE, JERRY HAROLD ☐ Delete  
STREET ADDRESS 523 S. WIGGINS ROAD  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE V  
NAME LESLIE MCDOWELL, BARBARA DEAN ☐ Delete  
STREET ADDRESS 1601 E. TRAPNELL ROAD  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ST  
NAME LESLIE, GRESHAM, JANICE FAYE ☐ Delete  
STREET ADDRESS 3401 E. MIDWAY ROAD  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED & Mueham

4/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (4/02)