


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2003 8:00 am**  
**Secretary of State**

06-27-2003 90051 045 \*\*\*550.00

<b>DOCUMENT #</b> P01000072036	
1. Entity Name THE LEATHERSCHMIDT INC. ✓	

Principal Place of Business 2511 COOLIDGE STREET HOLLYWOOD FL 33020	Mailing Address 2511 COOLIDGE STREET HOLLYWOOD FL 33020
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**55051929**

2. Principal Place of Business 330 Hayes St. Suite, Apt. #, etc. #7	3. Mailing Address 330 Hayes St. #7 Suite, Apt. #, etc. #7
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☐ CHECK HERE IF MAKING CHANGES

City & State Hollywood FL	City & State Hollywood FL	4. FEI Number 65-1194957 651134457	Applied For Not Applicable
Zip 33019	Country Broward	Zip 33019	Country Broward

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent SCHMIDT, ROBERT J 2511 COOLIDGE STREET HOLLYWOOD FL 33020	
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7. Name and Address of New Registered Agent Name: <u>Robert Schmidt</u> Street Address (P.O. Box Number is Not Acceptable): <u>330 Hayes St. #7</u> City: <u>Hollywood FL</u> <u>FL</u> Zip Code: <u>33019</u>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SCHMIDT, ROBERT 2511 COOLIDGE ST. HOLLYWOOD FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Robert Schmidt 330 Hayes St. #7 Hollywood FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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] 21 July 03 954 267  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7679

CR2E034 (10/02)