

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073527

1. Entity Name

LEISURE PRODUCTS GROUP, INC.

**FILED**  
Aug 25, 2002 8:00 am  
Secretary of State

08-25-2002 90215 024 \*\*\*550.00

001009 AV

Principal Place of Business  
710 N.E. 71ST STREET  
MIAMI FL 33138

Mailing Address  
710 N.E. 71ST STREET  
MIAMI FL 33138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1442 S. LAKE MIRROR DR NW  
Suite, Apt. #, etc.

3. Mailing Address  
1442 S. LAKE MIRROR DR NW  
Suite, Apt. #, etc.

City & State  
WINTER HAVEN, FL

City & State  
WINTER HAVEN, FL

4. FEI Number  
65-1124756

Applied For  
Not Applicable

Zip  
33881

Country  
POLK

Zip  
33881

Country  
POLK

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

ROPER, MARSHALL  
710 N.E. 71ST STREET  
MIAMI FL 33138

Name  
ROPER, MARSHALL  
Street Address (P.O. Box Number is Not Acceptable)  
1442 S. LAKE MIRROR DR, NW  
City  
WINTER HAVEN FL Zip Code  
33881

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 \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROPER, MARSHALL 710 N.E. 71ST STREET MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD-ROPER, CHERI 710 N.E. 71ST STREET MIAMI FL 33138	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROPER, MARSHALL 1442 S. LAKE MIRROR DR, NW, WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TODD-ROPER, CHERI 1442 S. LAKE MIRROR DR, NW WINTER HAVEN, FL 33881	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and typed or printed name of signing officer or director  
Marshall Roper

8-19-02 863-2996504

CR2E034 (4/02)