

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000079099**

1. Entity Name
LEANN CROKE, INC.



Principal Place of Business
**2083 PETERBOROUGH ROAD
PUNTA GORDA FL 33983**

Mailing Address
**2083 PETERBOROUGH ROAD
PUNTA GORDA FL 33983**

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 **65-1133545** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CROKE, LEANN
99 MADRE DE DIOS
PUNTA GORDA FL 33983**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PD** Delete
NAME: **CROKE, LEANN**
STREET ADDRESS: **2083 PETERBOROUGH ROAD**
CITY-ST-ZIP: **PUNTA GORDA FL 33983**

TITLE: **Same** Change Addition
NAME: **Same**
STREET ADDRESS: **3114 Iverson Street**
CITY-ST-ZIP: **Port Charlotte, FL 33952**

TITLE: **VP** Delete
NAME: **CROKE, JOHN**
STREET ADDRESS: **2083 PETERBOROUGH ROAD**
CITY-ST-ZIP: **PUNTA GORDA FL 33983**

TITLE: **Same** Change Addition
NAME: **Same**
STREET ADDRESS: **Same as above**
CITY-ST-ZIP: **Same as above**

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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

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STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leann Croke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03

Date

Daytime Phone #

CR2E034 (10/02)