FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) (AMENDED BUSINESS REPORT)

DOCUMENT # P01000082167

1. Entity Name

LEAGUE ENTERPRISE INC.

FILED
02 JUL 10 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5712 FOXLAKE DRIVE	5712 FOXLAKE DR
Suite, Apt. #, etc. #08	Suite, Apt. #, etc. #08
City & State N. FT. MYERS, FL	City & State N. FT. MYERS, FL
Zip 33917 Country LEE	Zip 33917 Country LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1133165 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CHANDRAJEET R. NAIK

Street Address (P.O. Box Number is Not Acceptable) 5712 FOXLAKE DR. #08

City N. FT. MYERS FL Zip Code 33917

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 ____________________
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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		TITLE	PRESIDENT
NAME		NAME	NAIK CHANDRAJEET
STREET ADDRESS		STREET ADDRESS	5712 FOXLAKE DR #08
CITY-ST-ZIP		CITY-ST-ZIP	N. FT. MYERS, FL - 33917
TITLE		TITLE	VICE PRESIDENT
NAME		NAME	NAIK GOPI
STREET ADDRESS		STREET ADDRESS	15000 ARBOR LAKES DR. EAST #05
CITY-ST-ZIP		CITY-ST-ZIP	N. FT. MYERS, FL - 33917
TITLE		TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: naik CHANDRAJEET NAIK 07/05/02 239 910 0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #