

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90054 013 ***150.00

DOCUMENT # *PO100010029*

1. Entity Name

LEIPOLD INTERNATIONAL, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17912 VILLA CREEK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

17912 VILLA CREEK DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3749513

Applied For

Not Applicable

Zip

33647

Country

Zip

33647

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DANIEL O. LEIPOLD

Street Address (P.O. Box Number is Not Acceptable)

17912 VILLA CREEK DRIVE

City

TAMPA

FL

Zip Code

33647

**DO NOT WRITE
IN THIS SPACE**

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

Daniel O. Leipold

DANIEL O. LEIPOLD

4/12/02

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 *PD*
NAME *DANIEL O. LEIPOLD*
STREET ADDRESS *17912 VILLA CREEK DRIVE*
CITY-ST-ZIP *TAMPA FL 33647*

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IN THIS SPACE**

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:

Daniel O. Leipold

DANIEL O. LEIPOLD

4/12/02

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)