

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90165 013 ***150.00

DOCUMENT # P01000105846

1. Entity Name
LEONI BRANDS INTERNATIONAL, INC.

Principal Place of Business
14426 MIDDLE FAIRWAY DR
BROOKSVILLE FL 34609

Mailing Address
23 E TARPON AVE
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

14426 MIDDLE FAIRWAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BROOKSVILLE, FL 34609

4. FEI Number

59-3754621

Applied For

Not Applicable

Zip

Country

Zip
34609

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLIMIS, GEORGE N
23 E TARPON AVE
TARPON SPRINGS FL 34689

Name

FRED LEONI

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

14426 MIDDLE FAIRWAY DRIVE

City

BROOKSVILLE,

FL

Zip Code

34609

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 *X* *Fred Leoni*

X

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **D LEONI, FRED E** ☐ Delete
 STREET ADDRESS **14426 MIDDLE FAIRWAY DR**
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE
 NAME **P/VP/T/S** ☐ Change ☒ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *X* *Fred Leoni*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 *352-797-9191*

CR2E034 (9/01)