## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90917 010 \*\*\*150.00

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

DOCUMENT #

19530 CORTEZ BLVD

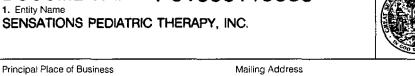
Zip

SIGNATURE

BROOKSVILLE FL 34601

P01000119586

Country



2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number

Zip

19514 CORTEZ BLVD

BROOKSVILLE FL 34601

**PMB 160** 



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent LEONBRUNO, JEFFREY J 2214 POMEROY RD

SPRING HILL FL 34609

-7. Name and Address of New Registered Agent: -Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

75-3001952

City

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.

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEOBRUNO, JEFFREY NAME NAME 2214 POMEROY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRINGS HILL FL 34609 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEONBRUNO, JUDITH NAME NAME 2214 POMEROY RD STREET ADDRESS STREET ADDRESS SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE