## FILED **2003 FOR PROFIT CORPORATION** Apr 28, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P02000040658 **DOCUMENT #** 04-28-2003 90341 024 \*\*\*150.00 1. Entity Name FRAN SUAREZ LEADFORD, P.A. Principal Place of Business Mailing Address 3665 EAST BAY DRIVE 3665 EAST BAY DRIVE SUITE 204 #254 SUITE 204 #254 **LARGO FL 33771 LARGO FL 33771** 2. Principal Place of Busines Mailing Address ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For Not Applicable Country Pull \$8.75 Additional 5. Certificate of Status Desired \_\_ \_ \_ \_ Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent James Acct & Tax Svc Inc ACCOUNTING & TAX HELP, INC. 2942-49th Street N 8668 PARK BLVD. St. Petersburg FI 33710 SUITE A SEMINOLE FL 33777 Zip Code 8. The above named entire nits this stat ement 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 redistered agent SIGNATURE of registered agent and title if applicable FILE NOW!!! EEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition Leadford, fran s NAME NAME 3665 EAST BAY DRIVE SUITE 204 #254 STREET ADDRESS STREET ADDRESS LARGO FL 33771 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F [] 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 appgars in Block 10 or Block 11 if

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURES 1

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 te/ 7 = Peytime Phone # 99 - 27 0 6