

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90020 037 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000041106

1. Entity Name  
THE UZO GROUP INC.

Principal Place of Business  
1555 PALM BEACH LAKES BLVD.  
SUITE 1510  
WEST PALM BEACH FL 33401

Mailing Address  
1555 PALM BEACH LAKES BLVD.  
SUITE 1510  
WEST PALM BEACH FL 33401

2. Principal Place of Business  
125 Worth Ave  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Palm Beach Florida  
Zip Country  
33480 Palm Beach

City & State

4. FEI Number  
27-0009158

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESHER, GERALD S  
1555 PALM BEACH LAKES BLVD.  
SUITE 1510  
WEST PALM BEACH FL 33401

Name

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

City

FL

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Delete
NAME	UZO MARIE EGWU	
STREET ADDRESS	9213 Heathridge Dr	
CITY-ST-ZIP	Regal Palm Beach FL 33411	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	Gerald S. Leshor	
STREET ADDRESS	1555 Palm Beach Lakes Blvd	
CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald S. Leshor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-03-03 561-471-7155  
Date Daytime Phone #

CR2E034 (10/02)