

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 OCT 27 PM 5:06

DOCUMENT # P02000043114

1. Entity Name

LEADER MORTGAGE SERVICES,
INC



DO NOT WRITE IN THIS SPACE

300023796723
10/14/03--01063--014 **150.00

REINSTATEMENT

2. Principal Place of Business

1075 Sunset Strip

Suite, Apt. #, etc.

209

City & State

Sunrise

Zip

33313

Country

Broward

3. Mailing Address

1075 Sunset Strip

Suite, Apt. #, etc.

209

City & State

Sunrise

Zip

33313

Country

Broward

4. FEI Number

04-3663677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOMA Ritchie

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

1075

1075 Sunset Strip Ste 209

City

Sunrise

FL

Zip Code

33313

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]

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

(NOTE: Registered Agent signature required when reinstating)

10/9/03

Date

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Secretary
JOMA Ritchie
1075 Sunset Strip Ste 209
Sunrise, FL 33313

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President
Jeremiah Ritchie
"same as above"

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: + *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/02)



Leader Mortgage Services, Inc.
1075 Sunset Strip, suite 209
Sunrise, FL 33313

Tel: 954 584-5552

Fax: 954 584-5226

October 9, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that this was our first notice of payment due to the state. Please waive the re-instatement fee. Thank you in advance.

A handwritten signature in black ink, appearing to read "Joma Ritchie".

Joma Ritchie,

Secretary