


FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90095 049 ***150.00

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

DOCUMENT # P02000052656			
1. Entity Name ELECTRIC LEATHER INC.			
Principal Place of Business 4235 N COURTENAY PKWY MERRITT ISLAND, FL 32953		Mailing Address 4235 N COURTENAY PKWY MERRITT ISLAND, FL 32953	
2. Principal Place of Business		3. Mailing Address P.O. Box 542823	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MERRITT ISLAND FL	
Zip	Country	Zip	Country
32953		32953	
4. FEI Number 11-3666377		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KIEFER, GREGORY A 7690 PATTI DR MERRITT ISLAND, FL 32963		7. Name and Address of New Registered Agent	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning.)</small>			
DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	D KIEFER, GREGORY A <input type="checkbox"/> Delete		
NAME	7690 PATTI DR		
STREET ADDRESS	MERRITT ISLAND, FL 32963		
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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)(X), 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: <u>Gregory A. Kiefer</u> <u>Gregory A. Kiefer</u> 9/8/03 321-453-4149			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2034 (10/02)

Attachment

50147452
P82000052656

Electric Leather
P.O. Box 542823
Merritt Island, FL 32953

To Whom:

In a recent meeting with my CPA, he asked me why there was no canceled check or listing in the books for the (UBR). I asked him what he was talking about and he explained. I told him that I did not receive a request for one. We have had trouble with receiving mail at the Business Address so we moved all mail to the P.O. Box. My Accountant advised me to download a copy of the (UBR) and mail it off ASAP which I am Doing...He also instructed me to send this letter of expiation as to why it was not done in May. I did not receive the Document, and didn't know I was to do such a filling.

Thank you,
Gregory A Kiefer