

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

08-20-2003 90050 027 ***150.00

DOCUMENT # P02000063766

1. Entity Name

R. LEFFLER & ASSOCIATES, INC.



Principal Place of Business
**7910 SUMMERLIN LAKES DRIVE
FORT MYERS FL 33907**

Mailing Address
**7910 SUMMERLIN LAKES DRIVE
FORT MYERS FL 33907**

55056369

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0557587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEFFLER, RYAN
7910 SUMMERLIN LAKES DRIVE
FORT MYERS FL 33907**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **PO** ☐ Delete
NAME **LEFFLER, RYAN**
STREET ADDRESS **822 S W 35TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **VD** ☐ Delete
NAME **LEFFLER, WALTER**
STREET ADDRESS **5870 HARBORAGE**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **S** ☐ Delete
NAME **LEFFLER, LYNN**
STREET ADDRESS **7910 SUMMERLIN LAKES DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

R. Leffler & Associates, Inc.

7910 Summerlin Lakes Drive ~ Ft. Myers, Florida 33907
Phone 239-489-0444 ~ Fax 239-489-1504

ATTACHMENT BE056369

#PD2000063766

August 13, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam,

I did not receive the first notice for the 2003 Uniform Business Report. Therefore, kindly waive the late fee. I am enclosing a check in the amount of \$150.00.

Sincerely,



Ryan W. Leffler, President
R. Leffler & Associates, Inc.