



FILED
Jun 27, 2003 8:00 am
Secretary of State

05-21-2003 90192 018 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000109495			
1. Entity Name LEAHROD PAINTING, INC.			
Principal Place of Business 510 N.W. 93RD TERRACE PEMBROKE PINES, FL 33024		Mailing Address 510 N.W. 93RD TERRACE PEMBROKE PINES, FL 33024	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-4237413		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARCOTTE, RODERICK L II 510 N.W. 93RD TERRACE PEMBROKE PINES, FL 33024		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 _____ (NOTE: Registered Agent's signature required when substituting)			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCOTTE, RODERICK L 510 N.W. 93RD TERRACE PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		05-19-2003 954-445-7136	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

58049918

☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)

attachment

55049918

#P02000109495

May 19, 2003
Florida Department of State
Division of Corporations,

Dear Sir or Madam:

As instructed I am inclosing a letter to you as to why my UBR was not sent to you on time. I had met with my accountant recently to make sure that all my paper work was in order. He asked if I had received and returned my UBR. At which point I discovered that I had not received my UBR. I then called the State of Florida, to get further instructions as to what to do. I spoke with a gentleman Sean, and was told to go to www.sunbiz.org and download a copy of the UBR, fill it out, and attach this explanation as to why the UBR is late to wave the late fee. Enclosed is my copy of the downloaded UBR, a check for the amount of \$150.00 and this letter. If you need to contact me please call 954-445-7136.

Respectfully Yours,
Roderick L. Marcotte II

