

03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000118729

1. Entity Name

J.R. LEYON ASSOCIATES, INC.

FILED

03 APR -7 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4780 Dolphin Cay Lane South

3. Mailing Address

4780 Dolphin Cay Lane South

Suite, Apt. # etc.

Unit 506

Suite, Apt. # etc.

Unit 506

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

Zip
33711

Country
U.S. A.

Zip
33711

Country
U.S. A.

4. FEI Number

54-0434343 22 2848731

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

John Leyon

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

4780 Dolphin Cay Lane South, Unit 506

City

St. Petersburg

FL

Zip Code
33711

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 may be added to Fees

11. OFFICERS AND DIRECTORS

TITLE
DPT ☐ Delete
NAME
Leyon, John
STREET ADDRESS
4780 Dolphin Cay Lane South, Unit 506
CITY-STATE-ZIP
St. Petersburg, Florida 33711

TITLE
DVS ☐ Delete
NAME
Leyon, Althea K.
STREET ADDRESS
4780 Dolphin Cay Lane South, Unit 506
CITY-STATE-ZIP
St. Petersburg, Florida 33711

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

J.R. Leyon Associates, Inc.

SIGNATURE:

By: *John R. Leyon* **John Leyon**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03
Date

(727) 866-8510
Daytime Phone #

9/15