

2003-2004

#31502


1/3

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-29-2004 90075 023 ***315.00

 F02000120509
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 10 PM 2:35

DOCUMENT # P02000120509	
1. Entity Name A+N Leather INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3943 Andover Cay Blvd		3. Mailing Address P.O. Box 780833	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32825	Country US	Zip 32878-0833	Country US

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. FEI Number 830343279	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name **Albert J. Schroeder**

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

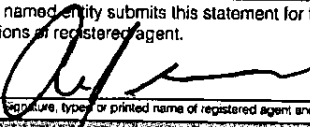
3943 Andover Cay BlvdCity **Orlando****FL**

Zip Code

32825

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/04

January 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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 P/M	NAME Albert J. Schroeder
STREET ADDRESS 3943 Andover Cay Blvd	
CITY-ST-ZIP Orlando, FL 32825	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04

Date

407-509-9945

Daytime Phone #

CR2E034B (12/02)

FROM :

FAX NO. : 4077374701

Feb. 09 2004 09:22AM P2

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SUPERVISOR, CUSTOMER SERVICES
ALAFAYA BRANCH



January 22, 2004

Postal Customer
Nancy Colangelo
3943 Andover Cay Blvd
Orlando, FL 32825

To Whom it May Concern:

The following names, Nancy Coangelo, Albert Schroder and A & N Leather, have experienced disrupted mail service since at least the last quarter of 2003.

Ms. Colangelo contacted me January 20th, and informed me that although she had been in and contacted the Post Office before, that she was continuing to experience mail not arriving at her address.

Due to the length of time she has received, or failed to receive mail at the above address, I was unable to determine the exact cause. There was clarification as to her proper address given to the delivery carrier on the 20th, and mail has since been received by Ms. Colangelo that has taken several months to reach her.

In response to Ms. Colangelo's request, I am writing this letter to validate her statement that she has not received several pieces of mail thus preventing her from making the appropriate responses.

If you have any further questions, please contact me at the Alafaya Branch, 407-384-6219.

Thank you,

A handwritten signature in black ink, appearing to read "Sean L. Clark".

Sean L. Clark
Supervisor, Customer Services

FROM :

FAX NO. : 4077374701

Feb. 09 2004 09:22AM

P3/3

ATT. PAT

A+N Leather INC
#702000120509