FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State
08-26-2002 90069 039 ***150.00

DOCUMENT # P93000065567

1. Entity Name: LeAnn Niesen PA

DO NOT WRITE IN THIS SPACE

B0135311

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
1348 Maclay Rd	same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: TALLAHASSEE FLA	City & State: 1	4. FEI Number: 59-3206647 ☐ Applied For ☐ Not Applicable
Zip: 32312 Country: USA	Zip: Country:	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LeAnn Niesen

Street Address (P.O. Box Number is Not Acceptable): 3047 Bell Grove Rd

Talla Fl. ~~32308~~

City: **FL** Zip Code: 32308

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: LeAnn Niesen Cerra LeAnn Niesen Cerra 8-23-02
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 NAME STREET ADDRESS CITY-ST-ZIP	LeAnn Niesen Cerra 1348 Maclay Rd Talla Fl. 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: LeAnn Niesen Cerra 8-23-02 850-668-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LeAnn Niesen Cerra

8-23-02

Attachment
DH P13000065567

To whom it may concern,

For the past 7or so years Jue always sent this form in on time. This past year we've moved + moved our business to our home. In all the moving I have over looked the fact that this corp. document was not delivered to our new address untill yesterday. In talking with someone in your office, they said to write + tell you what has happened in hopes that the late fee would be waived in this oversight. If you have any questions, please call me at 850-668-0099

Thank you

LeAnn Niesen Cerra