

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90036 043 \*\*\*150.00

**DOCUMENT # P93000068589**

1. Entity Name  
**LEONARDO ENTERPRISES, INC.**

Principal Place of Business  
**591 DAL HALL BLVD  
LAKE PLACID FL 33852**

Mailing Address  
**2618 GRESHAM STREET  
SEBRING FL 33872**

2. Principal Place of Business

3. Mailing Address

**7400 Spring Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Sebring, FL**

4. FEI Number  
**65-0444697**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**33876 USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEONARDO, MICHAEL  
2618 GRESHAM STREET  
SEBRING FL 33872**

Name **Leonardo, Michael**  
Street Address (P.O. Box Number is Not Acceptable)  
**7400 Spring Court**  
City **Sebring** FL Zip Code **33876**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida.

SIGNATURE **Michael Leonardo**

DATE **1-17-2002**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEONARDO, MICHAEL</b> <b>2618 GRESHAM STREET</b> <b>SEBRING FL 33872</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEONARDO, LEIGH A</b> <b>2618 GRESHAM STREET</b> <b>SEBRING FL 33872</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARTER, LEWIS</b> <b>3701 GRAND CONCOURSE</b> <b>SEBRING FL 33872</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARTER, SANDRA</b> <b>3701 GRAND CONCOURSE</b> <b>SEBRING FL 33872</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>7400 Spring Court</b> <b>Sebring, FL 33876</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>7400 Spring Court</b> <b>Sebring, FL 33876</b>	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **SIGNATURE REQUIRED Michael Leonardo** 2-19-02 465-9699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE