

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90013 002 ***150.00

0305457

DOCUMENT # P93000084635

1. Entity Name
J.C.J. LEAVITT ENTERPRISES, P.A.

Principal Place of Business 20831 CONCORD GREEN BOCA RATON FL 33433	Mailing Address 20831 CONCORD GREEN BOCA RATON FL 33433
---	---

343100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 9476 LAKE SERENA DR. City & State BOCA RATON FL	3. Mailing Address Suite, Apt. #, etc. 9476 LAKE SERENA DR. City & State BOCA RATON FL
--	--

4. FEI Number 65-0445431	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 33496	Country US	Zip 33496	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---------------------	----------------------	---------------------	----------------------	---

6. Name and Address of Current Registered Agent
LEAVITT, JAMES R
20831 CONCORD GREEN
BOCA RATON FL 33433

7. Name and Address of New Registered Agent
 Name **LEAVITT, JAMES R.**
 Street Address (P.O. Box Number is Not Acceptable)
9476 LAKE SERENA DR.
 City **BOCA RATON** **FL** Zip Code **33496**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVITT, JAMES R 20831 CONCORD GREEN BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVITT, CAROL M 20831 CONCORD GREEN BOCA RATON FL 33433	<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 type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVITT, JAMES R. 9476 LAKE SERENA DR. BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAVITT, CAROL M 9476 LAKE SERENA DR. BOCA RATON, FL 33496	<input checked="" 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
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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R Leavitt **4-12-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)