

2000 UNIFORM BUSINESS REPORT (UBR)

0017268

DOCUMENT # P94000029670

1. Entity Name

JOHN A. LEKLEM, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 10 AM 9:34

Principal Place of Business
17 SOUTH MAGNOLIA AVENUE
ORLANDO FL 32801

Mailing Address
17 SOUTH MAGNOLIA AVENUE
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15 South Magnolia Ave
Suite, Apt. #, etc.

3. Mailing Address
15 South Magnolia Ave
Suite, Apt. #, etc.

City & State
ORLANDO FL
Zip
32832801 Country

City & State
ORLANDO FL
Zip
32801 Country

4. FEI Number 59-3235006

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEKLEM, JOHN A
47 SOUTH MAGNOLIA AVENUE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
15 South Magnolia Ave
City FL Zip Code

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D
NAME LEKLEM, JOHN A
STREET ADDRESS 47 SOUTH MAGNOLIA AVENUE
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE LEKLEM, JOHN A.
NAME
STREET ADDRESS 15 SOUTH MAGNOLIA AVE
CITY-ST-ZIP ORLANDO FL 32801 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00 Date

407-422-4469 Daytime Phone #

CR2E034 (5/00)