

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035620

1. Entity Name

LEEDS HOLDINGS, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90202 001 \*\*\*750.00

11475



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1900 SUMMIT TOWER BLDG #260 ORLANDO FL 32810 US	1900 SUMMIT TOWER BLDG 260 ORLANDO FL 32810-5918 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-3334290	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD B. LEFKOWITZ  
1900 SUMMIT TOWER BLVD  
STE 260  
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

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

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 \_\_\_\_\_ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	TITLE	
NAME	LEFKOWITZ, HOWARD B	NAME	
STREET ADDRESS	1900 SUMMIT TOWER BLVD., STE. 260	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Howard B. Lefkowitz DATE: 4/24/00 DAYTIME PHONE: 407 667-8989

CR2E034 (9/99)