

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90053 039 ***150.00

DOCUMENT # P94000035620

1. Entity Name

LEEDS HOLDINGS, INC.

Principal Place of Business

**1900 SUMMIT TOWER BLDG
 #260
 ORLANDO FL 32810
 US**

Mailing Address

**1900 SUMMIT TOWER BLDG
 260
 ORLANDO FL 32810
 US**

00043016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

423 S. Keller Road

3. Mailing Address

423 S. Keller Road

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

City & State

4. FEI Number **59-3334290**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

**423 S. Keller Road
 Suite 201**

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 \$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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
 NAME **LEFKOWITZ, HOWARD B**
 STREET ADDRESS **1900 SUMMIT TOWER BLVD., STE. 260**
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Change ☐ Addition
 NAME **423 S. Keller Road, Ste. 201**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)