

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90209 024 ***150.00

0513369 AV

DOCUMENT # P94000065158

1. Entity Name

LEISURE PRODUCTS, INC.

Principal Place of Business

**7210 US HWY 301
 ELLENTON FL 34222**

Mailing Address

**7210 US HWY 301
 ELLENTON FL 34222**

2. Principal Place of Business

4709 U.S. HWY 301
 Suite, Apt. #, etc.

3. Mailing Address

4709 U.S. HWY 301
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ellenton FL

City & State

Ellenton FL

4. FEI Number

65-0521230

Applied For

Not Applicable

Zip

34222 Manatee

Zip

34222 Manatee

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COUTTS, DONALD A
 7210 US HWY 301
 ELLENTON FL 34222**

7. Name and Address of New Registered Agent

Name

Donald A. Coutts

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

4709 U.S. HWY 301

City

Ellenton

FL

Zip Code

34222

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]

Signature, typed or printed name of registered agent and title if applicable.

Donald A. Coutts Pres

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-02

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **COUTTS, DONALD A**
 CITY-ST-ZIP **628 POINSETTIA AVE
 ELLENTON FL**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **COUTTS, JANE**
 CITY-ST-ZIP **5441 80TH AVENUE CIRCLE EAST
 PALMETTO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

Date

941-722-1957

Daytime Phone #

CR2E034 (9/01)