

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90478 016 ***150.00

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DOCUMENT # P94000065158

1. Entity Name

LEISURE PRODUCTS, INC.



Principal Place of Business

4709 US HWY 301
ELLENTON FL 34222

Mailing Address

4709 US HWY 301
ELLENTON FL 34222

2. Principal Place of Business

7210 U.S. HWY 301

3. Mailing Address

7210 U.S. HWY 301

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Ellenton FL

City & State
Ellenton FL

4. FEI Number

65-0521230

Applied For

Not Applicable

Zip
34222

Country

Manatee

Zip
34222

Country

Manatee

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COUTTS, DONALD A
4709 US HWY 301
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name
Coutts, Donald A.

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

7210 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald A. Coutts **Donald A. Coutts**

1-10-02

941.722-5340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)