

# P94000072545

**LEADER FINANCIAL CORP.**

P.O. Box 270560  
Tampa, FL 33688-0560

City/State/Zip

Phone #

813-935-1992

200006489132--6

-07/18/02--01001--020

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JUL 17 AM 11:02  
FILED

7/18/02

Examiner's Initials *T. Lewis*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : LEADER FINANCIAL CORP.

2. The mailing address of the corporation : P.O. Box 270560  
TAMPA FL 33688-0560

3. Date of incorporation/qualification: 10/03/94 Document number: P94000072545

4. The name and address of the current registered agent and office:  
MAURA KLEIN  
13308, WINDING OAK CT, SE A  
TAMPA FL 33612

FILED  
02 JUL 17 11:02 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box **Not** Acceptable)  
MAURA KLEIN  
13309 WINDING OAK CT, SE A  
TAMPA FL 33612

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

[Signature] 6/1/02  
(Signature of an officer, chairman or vice chairman of the board) (Date)

MAURA KLEIN, VP/SECRETARY  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] 6/1/02  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity: MAURA KLEIN 6/1/02  
(Typed or Printed Name) (Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*