

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90037 022 ***150.00

DOCUMENT # P94000072651

1. Entity Name
LEOCI & MEISENBERG, P.A.

Principal Place of Business

**2256 HEITMAN ST
 FT MYERS FL 33919**

Mailing Address

**2256 HEITMAN ST
 FT MYERS FL 33919**

2. Principal Place of Business

10051 MCGREGOR BLVD.

3. Mailing Address

10051 MCGREGOR BLVD.

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33919

Country

USA

Zip

33919

Country

USA

4. FEI Number

65-0522654

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEISENBERG, JAY F

**2256 HEITMAN ST 10051 MCGREGOR BLVD.
 FT MYERS FL 33919 #101**

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

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, 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 **PTD MEISENBERG, JAY F**
 STREET ADDRESS **2256 HEITMAN ST 10051 MCGREGOR BLVD. #101**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Delete
 NAME **VSD LEOCI, DEBORAH E**
 STREET ADDRESS **2256 HEITMAN ST 10051 MCGREGOR BLVD. #101**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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
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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:

Deborah E. Leoci
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)