FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90386 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007251

1. Entity Name
LEON ROAD INVESTMENTS, INC.

90121026

Principal Place of Business	Mailing Address
1785 ROGERO RD JACKSONVILLE, FL 32211 US	1785 ROGERO JACKSONVILLE, FL 32211 US

2. Principal Place of Business: 1794 ROGERO RD #1002	3. Mailing Address: 1794 ROGERO RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.: #1002
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32211 Country: US	Zip: 32211 Country: US

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3298303 — Applied For / Not Applicable

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
MIDDLETON, PATRICK 1785 ROGERO ROAD JACKSONVILLE, FL 32211	Name Street Address (P.O. Box Number is Not Acceptable): 1794 ROGERO ROAD, #1002 City: JACKSONVILLE FL Zip Code: 32211

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	PVP MIDDLETON, PATRICK 1785 ROGERO ROAD JACKSONVILLE, FL 32211	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: ______________________ 4-20-03 904 743 1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PATRICK MIDDLETON