

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90025 006 \*\*\*150.00

**DOCUMENT # P95000036506**

1. Entity Name  
**LEEDS DATA SERVICES, INC.**

Principal Place of Business 2405 DRIFTWOOD DRIVE FERN PARK FL 32730-2205	Mailing Address 2405 DRIFTWOOD DRIVE FERN PARK FL 32701-6250
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2. Principal Place of Business <b>609 Mayfair Ave</b>	3. Mailing Address <b>609 Mayfair Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Altamonte Springs FL</b>	City & State <b>Altamonte Springs FL</b>
Zip <b>32701-6250</b>	Zip <b>32701-6250</b>
Country	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3314789** 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**

**LEEDS, CRAIG A**  
**2405 DRIFTWOOD DRIVE**  
**FERN PARK FL 32730-2205**

Name **Leeds Craig A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**609 Mayfair Ave**  
 City **Altamonte Springs FL** Zip Code **32701-6250**

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 *Craig A Leeds* (NOTE: Registered Agent signature required when reinstating) DATE 4-24-2000

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, 2000 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEEDS, CRAIG A</b> <b>2405 DRIFTWOOD DRIVE</b> <b>FERN PARK FL 32730-2205</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEEDS, JANET K</b> <b>2405 DRIFTWOOD DRIVE</b> <b>FERN PARK FL 32730-2205</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Leeds Craig A</b> <b>609 Mayfair Ave</b> <b>Altamonte Springs FL 32701-6250</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Leeds, Janet K.</b> <b>609 Mayfair Ave</b> <b>Altamonte Springs FL 32701-6250</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Craig A Leeds* PRESIDENT **Craig A. Leeds** 4-24-00 407-260-9425  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)