2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000040938** Apr 23, 2000 8:00 am Secretary of State 1. Entity Name 🚶 LEONARD, MCENTEE & CO., INC. 04-23-2000 90054 042 ***150.00 Principal Place of Business Mailing Address 130 LUDLOW DRIVE 130 LUDLOW DRIVE LONGWOOD FL 32779 LONGWOOD FL 32779-4611 2. Principal Place of Business 3. Mailing Address 453 STANTON PLACE 453 STANTON PLACE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FEI Number 59-3315904 LONGWOOD. LONGWOOD, FL Not Applicable Zip 32779 \$8.75 Additional 5. Certificate of Status Desired 32779 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE □ Delete LEONARD, E.B. NAME NAME 453 STANTON PLACE STREET ADDRESS STREET ADDRESS 8624 VILLA PT DR #124 LONGWOOD, FL 32779 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32810 Change ☐ Addition TITLE ☐ Delete TITLE MCENTEE, MICHAEL E NAME 130 LUDLOW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 Delete TITLE LEONARD, RHONDA NAME NAME 453 STANTON PLACE STREET ADDRESS 8624 VILLA PT DR #124 STREET ADDRESS LONGWOOD, FL 32779 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Change

☐ Addition