

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90132 003 ***150.00

DOCUMENT # P95000064281

1. Entity Name
JACQUES LEUBA, INC.

Principal Place of Business 237 SYKES POINT LANE MERRITT ISLAND FL 32953	Mailing Address 237 SYKES POINT LANE MERRITT ISLAND FL 32953
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 250 Winghurst Blvd Suite, Apt. #, etc.	3. Mailing Address 250 Winghurst Blvd Suite, Apt. #, etc.
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City & State ORLANDO FLORIDA	City & State ORLANDO FLORIDA	4. FEI Number 59-3333219	Applied For <input type="checkbox"/> Not Applicable
Zip 32828	Country	Zip 32828	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROOKSBERRY, ELAINE 2135 N. COURTENAY, E 235 MERRITT ISLAND FL 32953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Elaine Rooksberry* (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEUBA, JACQUES 1436 CHAMBLON SWITZERLAND <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NO ACTIVITY

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: *Jacques Leuba* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: *January 8 2002* Daytime Phone # _____

CR2E034 (9/01)