

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90500 004 ***150.00

FORM 110

DOCUMENT # P95000065121

1. Entity Name
LEEPER-HARRIS, INC.



Principal Place of Business
**123 DOUGLAS ST
NEW SMYRNA BEACH FL 32168**

Mailing Address
**123 DOUGLAS ST
NEW SMYRNA BEACH FL 32168**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**KOLODINSKY, RICK
707 E. 3RD AVE
NEW SMYRNA BEACH FL 32169**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, EDWARD N 123 DOUGLAS NEW SMYRNA BEACH FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, EDWARD N. 123 DOUGLAS NEW SMYRNA BCH FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MARTIN, MEGHAN 719 PHYLLIS AVE NEW SMYRNA BEACH FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEANIE HARRIS 123 DOUGLAS ST NEW SMYRNA BCH. FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Meghan Martin* **1-17-03** **3861** **428-1133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)