

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90081 025 ***150.00

0603095
 AV

DOCUMENT # P95000072718

1. Entity Name

MONA LEONARD ENTERPRISES, INC.

Principal Place of Business

**208 NE ALICE STREET
 JENSEN BEACH FL 34957
 US**

Mailing Address

**208 NE ALICE STREET
 JENSEN BEACH FL 34957
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

208 NE ALICE ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL.

City & State

Zip Country

34957 USA

4. FEI Number

65-0609295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEONARD, MONA M
 208 NE ALICE STREET
 JENSEN BEACH FL 34957**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **PD** ☐ Delete
 NAME **LEONARD, MONA M**
 STREET ADDRESS **208 NE ALICE STREET**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

MONA M. LEONARD
 president

Date

Daytime Phone #

3-02-02

772-692-4600

CR2E034 (9/01)