

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000073231

1. Entity Name

Leadership Network Corporation

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90229 017 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7133 Hiawasse Oak Dr
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 204
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Clarcona, FL

4. FEI Number

59-3457163

Applied For

Not Applicable

Zip

Country

32818 Orange

Zip

Country

32710 Orange

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Jean-Marie F. Boursiquot
Street Address (P.O. Box Number is Not Acceptable)

7133 Hiawasse Oak Dr

City Orlando

FL

Zip Code 32818

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres / Pres</u> <u>Jean-Marie F. Boursiquot</u> <u>7133 Hiawasse Oak Dr, Or-</u> <u>lando FL 32818</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vpres / Sec</u> <u>Nerlande Thelemarque</u> <u>7133 Hiawasse Oak Dr</u> <u>Orlando, FL 32818</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

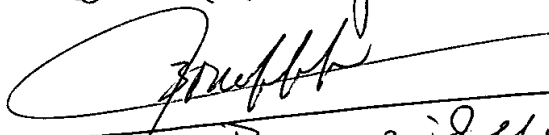
Date

Daytime Phone #

Attachment
R# P45000732
BO 12.684
6/18/2002

We never received an
application in the mail.
We had to download this
one from your website.

Thank you


J. Boursiquot, Pres