FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2003 8:00 am
Secretary of State
06-27-2003 90052 035 ***158.75

DOCUMENT # P95000073231 (L)

1. Entity Name
Leadership Network Corporation

10108966

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7133 Hiawassee Oak Dr Suite, Apt. #, etc.	PO Box 545 Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Clarcona FL
Zip: 32818 Country: Orange	Zip: 32710 Country: Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: Jean-Marie Fritz Boursiquot

Street Address (P.O. Box Number is Not Acceptable)
7133 Hiawassee Oak Dr

City: Orlando FL Zip Code: 32818

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: Jean-Marie F. Boursiquot 6/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PT
NAME	Jean-Marie F Boursiquot
STREET ADDRESS	7133 Hiawassee Oak Dr
CITY-ST-ZIP	Orlando, FL 32818
TITLE	VS
NAME	Nerlande Thelemaque
STREET ADDRESS	7133 Hiawassee Oak Dr
CITY-ST-ZIP	Orlando FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jean-Marie F. Boursiquot 6/20/03 (407) 808-2826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment

10108966 6/20/2003

To Whom it may concern:

I never received the report on time, that as why I am filing late. Please waive the late fee.

Thank you

Jean-Marie F. Boursiquot PT
Leadership Network Corp.
P 950000 73231