

**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 ✓
1. Entity Name
Leadership Network Corporation



DO NOT WRITE IN THIS SPACE

10108966

2. Principal Place of Business
7133 Hiawassee Oak Dr
Suite, Apt. #, etc.

3. Mailing Address
PO Box 545
Suite, Apt. #, etc.

City & State
Orlando FL
Zip
32818
Country
Orange

City & State
Clarcona FL
Zip
32710
Country
Orange

4. FEI Number
Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PT</u> <u>Jean-Marie F Boursiquot</u> <u>7133 Hiawassee Oak Dr</u> <u>Orlando, FL 32818</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VS</u> <u>Nerlande Thelamarque</u> <u>7133 Hiawassee Oak Dr</u> <u>Orlando FL 32818</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 #

CR2E034B (12/02)

attachment

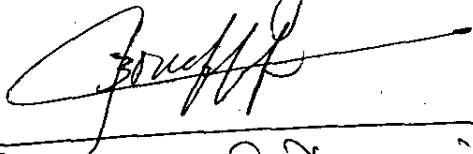
10108966

6/20/2003

To Whom it may concern:

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

Thank you



Jean-Marie F. Boursiquet PT
Leadership Network Corp.
P 950 000 73231