

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90002 041 \*\*\*150.00

0042591

**DOCUMENT # P95000080606**

1. Entity Name  
**LEEDY'S BOOKS, INC.**

Principal Place of Business  
**1455 SEMORAN BLVD**  
**SUITE 137**  
**CASSELBERRY FL 32707**  
**US**

Mailing Address  
**1455 SEMORAN BLVD**  
**SUITE 137**  
**CASSELBERRY FL 32707**  
**US**

921100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1455 Semoran Blvd**  
 Suite, Apt. #, etc.  
**153**  
 City & State  
**Casselberry FL**  
 Zip  
**32707** Country  
**US**

3. Mailing Address  
**1455 Semoran Blvd**  
 Suite, Apt. #, etc.  
**153**  
 City & State  
**Casselberry FL**  
 Zip  
**32707** Country  
**US**

4. FEI Number **59-3353663** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEEDY, ROBERT**  
**1751 CHEYENNE TRAIL**  
**MAITLAND FL 32751**

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 \_\_\_\_\_ (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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LEEDY, ROBERT F</b>		NAME		
STREET ADDRESS	<b>1751 CHEYENNE TRAIL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Robert Leedy **Robert Leedy** 1/20/01 407-677-4686  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)