

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90095 028 ***150.00

DOCUMENT # P95000092191

1. Entity Name

LAW OFFICE OF LEE ANNE LEBLANC, P.A.



Principal Place of Business
1749 E. HALLANDALE BEACH BLVD.
#344
HALLANDALE FL 33009
H

Mailing Address
1749 E. HALLANDALE BEACH BLVD.
#344
HALLANDALE FL 33009
H

2. Principal Place of Business
1835 E. Hallandale Beach Blvd
Suite, Apt. #, etc.
#344

3. Mailing Address
1835 E. Hallandale Beach Blvd.
Suite, Apt. #, etc.
#344

City & State
Hallandale FL
Zip
33009
Country
USA

City & State
Hallandale FL
Zip
33009
Country
USA

4. FEI Number 65-0674056

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEBLANC, LEE A
1749 E. HALLANDALE BEACH BLVD.
SUITE 344
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
LEBLANC, Lee Anne
Street Address (P.O. Box Number is Not Acceptable)
1835 E. Hallandale Beach Blvd
#344
City Hallandale FL Zip Code 33009

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 *Lee Anne LeBlanc*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	LEBLANC LEE ANNE	
STREET ADDRESS	1749 E. HALLANDALE BEACH BLVD., STE. 344	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, Lee Anne	
STREET ADDRESS	1835 E. Hallandale Beach Blvd., Ste. 344	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lee Anne LeBlanc* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03 954-646-1175
Date Daytime Phone #

CR2E034 (10/02)