2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 27, 2002 8:00 am 5 Secretary of State P96000014813 DOCUMENT # 1. Entity Name 03-27-2002 90030 013 ***150.00 LEATHER & SPURS WPB,INC. Mailing Address Principal Place of Business P O BOX 18773 5004 SOUTH DIXIE HIGHWAY WEST PALM BCH FL 33416 W PALM BEACH FL 33405 3. Mailing Address 2. Principal Place of Business <u> 5812</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0647937 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ١٩١ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 9,005 RATFIELD, LOUIS Street Address (P.O. Box Number is Not Acceptable) 7326 LAKE WORTH ROAD LAKE WORTH FL 33467 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) Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE ROSA, James NAME ROSA, JAMES NAME S. Bixie 5004 S. DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33405 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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.

FILED