Jan 16, 2002 8:00 am Secretary of State

2002 UNIFORM	BUSINESS	REPORT	(UBR

P96000016314

DOCUMENT # 1. Entity Name

R. R. LEFFLER, INC.

Principal Place of Business

367 MONTGOMERY AVE.

SARASOTA FL 34243

Mailing Address

367 MONTGOMERY AVE. SARASOTA FL 34243

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



DO NOT WRITE IN THIS SPACE

DATE

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City & State		City & State		4. FEI Number 65-0650079	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		<u> </u>	7. Name and Address of New Registered Agent		
LEFFLER, R.R. 367 MONTGOMERY AVE. SARASOTA FL 34243		Street Add	Street Address (P.O. Box Number is Not Acceptable)		
		City		FL Zip Code	
The above nar	ned entity submits this stateme	ent for the purpose of changing	ng its registered office or re	egistered agent, or both, in the State of Florida.	

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

After May 1, 2002 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

(See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12 TITLE Delete TITLE ☐ Addition NAME LEFFLER, R.R. NAME STREET ADDRESS 367 MONTGOMERY AVE. STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Addition TITLE Delete TITLE ☐ Change NAME 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 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TIDE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

CR2E034 (9/01)