

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90836 031 ***158.75

DOCUMENT # P96000039774

1. Entity Name

LEYCO, INC.

Principal Place of Business

Mailing Address

**6169 JOG RD
A-3
LAKE WORTH FL 33467
US**

**14358 BLACKBERRY DRIVE
WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address

6169 JOG RD

Suite, Apt. #, etc.

A-3

City & State
LAKE WORTH FL.

City & State

4. FEI Number **65-0670296**

Applied For

Not Applicable

Zip
33467

Country
U.S.A.

Zip

Country

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

**LEY, DIETER P
14358 BLACKBERRY DRIVE
WELLINGTON FL 33414**

Name **LEY, KARRI D.**

Street Address (P.O. Box Number is Not Acceptable)
14358 BLACKBERRY DR.

City **WELLINGTON FL** Zip Code **33414**

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 *Karri D. Ley*
Signature, typed or printed name of registered agent and title if applicable.

KARRI D. LEY

4/24/01

(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 **P** ☒ Delete
NAME **LEY, DIETER P**
STREET ADDRESS **14358 BLACKBERRY DR**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **P** ☒ Change ☐ Addition
NAME **LEY, KARRI D.**
STREET ADDRESS **14358 BLACKBERRY DR.**
CITY-ST-ZIP **WELLINGTON FL. 33414**

TITLE **V** ☐ Delete
NAME **LEY, KARRI D**
STREET ADDRESS **14358 BLACKBERRY DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Karri D. Ley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karri D. Ley

4/24/01 (561)642-1700

Date

Daytime Phone #

CR2E034 (10/00)