

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90110 016 \*\*\*150.00

0353160 AV

**DOCUMENT # P96000044168**



1. Entity Name  
**LEONARD ARONSON, INC.**

Principal Place of Business  
**8045 BUTTONWOOD CIR.  
TAMARAC FL 33321**

Mailing Address  
**8045 BUTTONWOOD CIR.  
TAMARAC FL 33321**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0674040**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

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

**ARONSON, LEONARD  
8045 BUTTONWOOD CIR.  
TAMARAC FL 33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ARONSON, LEONARD 8045 BUTTONWOOD CIR. TAMARAC FL 33321</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT ARONSON, DOREEN 8045 BUTTONWOOD CIR TAMARAC FL 33321</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/11/03** Daytime Phone #: **954-722-6442**

CR2E034 (10/02)

Attachment  
90134912

**Leonard Aronson, Inc.**

May 12, 2003

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

Re: Leonard Aronson, Inc.  
~~P96000044168~~  
2003 Uniform Business Report

Ladies or Gentlemen:

This letter is to respectfully request that you waive the late filing fee for my corporation's 2003 Uniform Business Report (actual report enclosed with this letter, along with check in the amount of \$150.00). I am requesting this extension as my wife, a company officer and bookkeeper, passed away on March 31, 2003 after a long illness. She was the keeper of all of my corporate papers and notices and it wasn't until today that I noticed this form among the papers in her office. I am hopeful that this explanation and my "fairly timely remittance" should be sufficient for you to waive the penalty. I am also hopeful that my past filing records will help you in your decision.

Thank you very much for your understanding in this matter.

Sincerely,



Leonard Aronson  
President