## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P96000061081 Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** M A L PROPERTIES, INC. 02-29-2000 90165 004 \*\*\*150.00 Principal Place of Business Mailing Address RT 6 #1496 RT 6 #1496 LAKE CITY FL 32025-7110 LAKE CITY FL 32025 υŝ DAAMAAA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3417808 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEADINGHAM, LEROY Street Address (P.O. Box Number is Not Acceptable) RT 6 #1496 LAKE CITY FL 32025 City 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 SIGNATURE (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Brown Change Addition TITLE TITLE ☐ Delete 8724 Huntington woods CIRN LEADINGHAM, LEROY NAME NAME STREET ADDRESS RT 6 #1496 STREET ADDRESS Jacksonville 7/ 32244 Rd UP Change CITY-ST-7IP CITY-ST-ZIP LAKE CITY FL ☐ Delete LEADINGHAM, KATHLEEN M NAME NAME 164 COLUMBIAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS OH CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete 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-7IP

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 of the all other like empowered.

\*\*EROY LEADINGHAM\*\*

Date

Daytime Phone #