

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90364 006 ***150.00

DOCUMENT # P96000085680

1. Entity Name

LEO EQUITY GROUP, INC.

Principal Place of Business

**777 E. PORT ROAD
 RIVIERA BCH FL 33404
 US**

Mailing Address

**777 E. PORT ROAD
 RIVIERA BCH FL 33404
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3470648**

Applied For

Not Applicable

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

**MCTIGHE, JOHN M.
 777 E. PORT ROAD
 RIVIERA FL 33404**

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.

SIGNATURE

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

(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	D	<input type="checkbox"/> Delete
NAME	MURRAY, FRANCIS W	
STREET ADDRESS	777 E. PORT ROAD	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LEO, FRANK	
STREET ADDRESS	777 E. PORT ROAD	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARIUCCI, JACK	
STREET ADDRESS	777 E. PORT ROAD	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MURRAY, FRANCIS X	
STREET ADDRESS	777 E. PORT ROAD	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JOHN P.	
STREET ADDRESS	2790 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCTIGHE, JOHN M	
STREET ADDRESS	777 E. PORT ROAD	
CITY-ST-ZIP	RIVIERA BCH FL 33404	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

John M. McTighe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. McTighe

March 26, 2001

561-845-2101

Date

Daytime Phone #

CR2E034 (10/00)