

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91330 035 ***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
One East Eleventh Street

3. Mailing Address
One East Eleventh Street

Suite, Apt. #, etc.
Suite 500

Suite, Apt. #, etc.
Suite 500

☐ CHECK HERE IF MAKING CHANGES

City & State
Riviera Beach, Florida

City & State
Riviera Beach, Florida

4. FEI Number **22-3470648**

Applied For
☐ Not Applicable

Zip
33404

Country
U.S.A.

Zip
33404

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

One East Eleventh Street, Suite 500

City
Riviera Beach

FL

Zip Code
33404

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 *John M. McTighe*
Signature, typed or printed name of registered agent and title if applicable.

John M. McTighe

April 15, 2003

(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

TITLE **D** ☐ Delete
NAME **MURRAY, FRANCIS W**
STREET ADDRESS **777 E. PORT ROAD**
CITY-ST-ZIP **RIVIERA BCH FL 33404**

TITLE **DP** ☒ Delete
NAME **LEO, FRANK**
STREET ADDRESS **777 E. PORT ROAD**
CITY-ST-ZIP **RIVIERA BCH FL 33404**

TITLE **D** ☒ Delete
NAME **MARIUCCI, JACK**
STREET ADDRESS **777 E. PORT ROAD**
CITY-ST-ZIP **RIVIERA BCH FL 33404**

TITLE **ST** ☐ Delete
NAME **MURRAY, FRANCIS X**
STREET ADDRESS **777 E. PORT ROAD**
CITY-ST-ZIP **RIVIERA BCH FL 33404**

TITLE **AS** ☐ Delete
NAME **MCTIGHE, JOHN M**
STREET ADDRESS **777 E. PORT ROAD**
CITY-ST-ZIP **RIVIERA BCH FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Murray, Francis W.**
STREET ADDRESS **211 Benigno Boulevard, Suite 210**
CITY-ST-ZIP **Bellmawr, New Jersey 08031**

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

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

TITLE **ST** ☒ Change ☐ Addition
NAME **Murray, Francis X.**
STREET ADDRESS **One East Eleventh Street, Suite 500**
CITY-ST-ZIP **Riviera Beach, Florida 33404**

TITLE **AS** ☒ Change ☐ Addition
NAME **McTighe, John M.**
STREET ADDRESS **One East Eleventh Street, Suite 500**
CITY-ST-ZIP **Riviera Beach, Florida 33404**

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

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: *Francis X. Murray* **Francis X. Murray** April 15, 2003 561-845-2101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)