

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012982

1. Entity Name  
LEOMAR OF SOUTH FLA INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90018 013 \*\*\*550.00

Principal Place of Business  
3730 N.W. 67TH STREET  
COCONUT CREEK FL 33073

Mailing Address  
3730 N.W. 67TH STREET  
COCONUT CREEK FL 33073

2. Principal Place of Business  
9920 Cassia Tree Way  
Suite, Apt. #, etc.  
# B

3. Mailing Address  
9920 Cassia Tree Way  
Suite, Apt. #, etc.  
# B

City & State  
Boynton Beach FL  
Zip  
33436-3754 Country  
USA

City & State  
Boynton Beach, FL  
Zip  
33436-3754 Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0729755

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS, EUGENE R  
3730 N.W. 67TH STREET  
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name  
Thomas, Eugene R.  
Street Address (P.O. Box Number is Not Acceptable)  
9920 Cassia Tree Way # B  
City  
Boynton Beach FL Zip Code  
33436-3754

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 *Eugene Thomas*  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVD	THOMAS, EUGENE R	3730 N.W. 67TH STREET	COCONUT CREEK FL 33073	<input type="checkbox"/>
STD	THOMAS, PATRICIA A	3730 N.W. 67TH STREET	COCONUT CREEK FL 33073	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PVD	Thomas, Eugene R.	9920 Cassia Tree Way # B	Boynton Beach, FL 33436-3754	<input checked="" type="checkbox"/>
STD	Thomas, Patricia A.	9920 Cassia Tree Way # B	Boynton Beach, FL 33436-3754	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: *Eugene Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/26/00*  
Date Daytime Phone #

CR2E034 (5/00)