2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 AM
Secretary of State

DOCUMENT# P97000022669

Entity Name: LEANTE FLORIDA, INC.

Current Principal Place of Business:

3479 WEST VINE STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

800 N JOHN YOUNG PARKWAY
SUITE 834
KISSIMMEE, FL 34741

Current Mailing Address:

P O BOX 430401
KISSIMMEE, FL 34743

New Mailing Address:

800 N JOHN YOUNG PARKWAY
SUITE 834
KISSIMMEE, FL 34741

FEI Number: 59-3445382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IDEAL OPPORTUNITIES INC
316 N JOHN YOUNG PKWY
SUITE 14
KISSIMMEE, FL 34741

Name and Address of New Registered Agent:

GOVONI, BRIAN R
505 AVENUE A NW
SUITE 14
WINTER HAVEN, FL 338814626

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: BRIAN R GOVONI 04/10/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KONINGSBRUGGEN, PIET VAN
Address: 1950 WILLOW WOOD DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: SD ( ) Delete
Name: HAARSMA, DORA
Address: 1950 WILLOW WOOD DRIVE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIET VAN KONINGSBRUGGEN PD 04/10/2002
Electronic Signature of Signing Officer or Director Date