

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90103 031 \*\*\*158.75

**DOCUMENT # P97000040197**

1. Entity Name  
**LEO MG, INC.**



Principal Place of Business  
~~5597 WENDY LANE~~  
NAPLES FL 34112

Mailing Address  
~~5597 WENDY LANE~~  
NAPLES FL 34112

2. Principal Place of Business  
**5685 14<sup>th</sup> Ave NW.**

3. Mailing Address  
**5685 14<sup>th</sup> Ave NW.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NAPLES.**

City & State  
**NAPLES**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip  
**34119**

Country  
**USA.**

Zip  
**34119**

Country  
**USA.**

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

## 6. Name and Address of Current Registered Agent

**RAVELO, ORLANDO JR.**  
~~5597 WENDY LANE~~  
NAPLES FL 34112

## 7. Name and Address of New Registered Agent

Name **Orlando Ravelo Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5685 14<sup>th</sup> Ave NW.**  
City **NAPLES** FL **34119**

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 **Orlando Ravelo Jr. (President.)** DATE **3/14/03.**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAVELO, ORLANDO JR.</b>	
STREET ADDRESS	<b>5597 WENDY LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>RAVELO, CATHERINE B</b>	
STREET ADDRESS	<b>5597 WENDY LN</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Orlando Ravelo Jr.**

**3/14/03 (239) 593-1223**

CR2E034 (10/02)