

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050632

1. Entity Name

LEONARD'S PAINTING & MAINTENANCE, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90144 045 ***158.75

AUUUB5556



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12559 FALLOHIDE LANE
JACKSONVILLE FL 32225

Mailing Address
12559 FALLOHIDE LANE
JACKSONVILLE FL 32260-0781

2. Principal Place of Business
87 87 Southside Blvd
Suite, Apt. #, etc.
5808

3. Mailing Address
87 87 Southside Blvd
Suite, Apt. #, etc.
5808

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32256

Country

Zip
32256

Country

4. FEI Number
59-3459371

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LEONARD, BRIAN
12559 FALLOHIDE LANE
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent
Name
BRIAN LEONARD
Street Address (P.O. Box Number is Not Acceptable)
87 87 Southside Blvd
5808
City
Jacksonville FL Zip Code
32256

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 BRIAN LEONARD x Brian Leonard president 1/11/00
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, BRIAN 12559 FALLOHIDE LANE JACKSONVILLE FL 32225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President BRIAN LEONARD 87 87 Southside Blvd # 5808 Jacksonville FL 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAN BUTTSWORTH Vice President 176 Acapulco Rd Jacksonville FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Brian Leonard president 1/11/00 904-636-4448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)