2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # **P97000050632** LEONARD'S PAINTING & MAINTENANCE, INC. 02-01-2001 90160 031 ***158.75 Principal Place of Business Mailing Address 8787 SOUTHSIDE BLVD 8787 SOUTHSIDE BLVD #5808 #5808 DA017910 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address 1702. Lindsey Rd LINDSCY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3459371 Not Applicable Jacksonville JACKSONVILLE Country \$8.75 Additional 5. Certificate of Status Desired Fee Required V 3 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Butterworth LEONARD, BRIAN Street Address (P.Q. Box Number is Not Accept 13509 - Ash Fore) Wood 8787 SOUTHSIDE BLVD **#**5808 JACKSONVILLE FL 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Thange ☐ Addition TITLE Pres. Delete TITLE LEONARD, BRIAN NAME NAME BriAN LOUMAND STREET ADDRESS 276 Ivy Lakes STREET ADDRESS 8787 SOUTHSIDE BLVD #5808 CITY-ST-ZIP CITY-ST-ZIP TACKSONVILLE FL. 32259 JACKSONVILLE FL 32256 Change 🕜 ☐ Addition ☐ Delete TITLE BUTTERWORTH, DAN DAN, Butterworth NAME STREET ADDRESS 13509 Ashford Wood CT 776 ACUPULCO RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 JACKSONVIlle FL. 32218 Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.