FILED Mar 20, 2000 8:00 am Secretary of State 03-20-2000 90014 037 ***150.00

2000	UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT # P97000058306 1. Entity Name

BNS OF LEESBURG, INC.

Principal Place of Business					
% QUEST CON		CHITC	200		

ALTAMONTE SPRINGS FL 34714

2. Principal Place of Business

Mailing Address

% QUEST COMPANY 921 DOUGLAS AVENUE. SUITE 200 ALTAMONTE SPRINGS FL 32714-5202

3. Mailing Address

Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-3458477	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered	Agent	

City

(NOTE: Registered Agent signature required when reinstating)

LAFRENIERE, STEPHEN J 921 DOUGLAS AVE **STE 200** ALTAMONTE SPRINGS FL 32714

Name	
Street Address (P.O. Box Number is Not Acceptable)	

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.

9.	9. This corporation is eligible to satisfy its Intangib			
	Tax filing requirement and elects to do so.			
	(See criteria on back)			

Signature, typed or printed name of registered agent and title if applicable.

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

Zip Code

DATE

 \Box

11.	OFFICERS AND DIF	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	LAFRENIERE, STEPHEN J		NAME			
STREET ADDRESS	921 DOUGLAS AVE #200		STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPGS FL 32714		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE		Change	Addition
NAME .	TALLEY JR, WILLIAM		. NAME			1
STREET ADDRESS	2206 TALLEY CT RD		STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP			
TITLE	S	☐ Delete	TITLE	5	🔀 Change	☐ Addition
NAME	O'NEILL, NICHOLAS		NAME	o'nuill. Nicholas		}
STREET ADDRESS	127 Landerberg RD		STREET ADDRESS	309 Rose Dien Lane		
CITY-ST-ZIP	LANDERBERG PA 19350		CITY-ST-ZIP	309 Rose Dien Lane Kennett Square, DA 19348		
TITLE		☐ Delete	TITLE	•	☐ Change	☐ Addition
NAME			NAME			}
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME			NAME			
STREET ADDRESS		7	STREET ADDRESS	1		
CITY-ST-7IP			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 mistee annowared to execute his 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:

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