

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 91098 019 ***150.00

DOCUMENT # **P97000061271**

1. Entity Name
LEATHER FASHION ACCESSORY, INC.

Principal Place of Business Mailing Address
705 N RIDGEWOOD AVE **705 N RIDGEWOOD AVE**
DAYTONA BEACH FL 32114 **DAYTONA BEACH FL 32114**

2. Principal Place of Business 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3461216** Additional Fee Required

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

CRIVELLARI, JOHN III
607 E MATTIE ST
SANFORD FL 32773

Name
 Street Address (P.O. Box Numbers Not Acceptable)
 City Zip Code

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: _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registered.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	PVPS						
	CRIVELLARI, JOHN J III	607 E MATTIE STREET	SANFORD FL 32773				

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 unchanged, or on an attachment with an address, with a letter I am empowered.

SIGNATURE:  **4/26/01** **904 226-9788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR32E034 (01/00)