

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064421

1. Entity Name

LEIGH ENTERPRISES GROUP, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90082 046 ***150.00

Principal Place of Business

Mailing Address

2702 NORTHWEST 98TH TERRACE
CORAL SPRINGS FL 33065

2702 NORTHWEST 98TH TERRACE
CORAL SPRINGS FL 33065-4957

2. Principal Place of Business

3. Mailing Address

2702 NW 98 TERR,

2702 NW 98 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL Spgs FL

City & State

CORAL Spgs FL

Zip

33065

Country

FLORIDA

Zip

33065

Country

FLORIDA

4. FEI Number

65-0770339

Applied For

Not Applicable

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

LEIGH, JEANNE
2702 NW 98 TERR
CORAL GABLES FL 33065

Name

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

City

FL

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 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	Change	Addition
	PSTD			<input type="checkbox"/>	<input type="checkbox"/>
	LEIGH, JEANNE	2702 NORTHWEST 98TH TERRACE	CORAL SPRINGS FL 33065		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)