

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077159

1. Entity Name

A. C. LEONARD AIRCRAFT DEALERS, INC.

Principal Place of Business

800 STONER RD.
ENGLEWOOD FL 34223

Mailing Address

175 S MCCALL RD
ENGLEWOOD FL 34223

2. Principal Place of Business

99 S. McCall Rd
Suite, Apt. #, etc.

3. Mailing Address

99 S. McCall Rd
Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood FL

4. FEI Number

65-0778706

Applied For

Not Applicable

Zip

34223

Country

USA

Zip

34223

Country

FLORIDA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IZZO, JOHN P
180 N. INDIANA AVE., SUITE 5
ENGLEWOOD FL 34223-2959

7. Name and Address of New Registered Agent

Name IZZO JOHN P.
Street Address 175 S. INDIANA AVE
City Englewood FL Zip Code 34223

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	PS	<input type="checkbox"/> Delete
NAME	LEONARD, ANTHONY C	
STREET ADDRESS	1931 BAYSHORE DR.	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE

SIGNATURE OF LEONARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-02

Date

941 468-1756

Daytime Phone #

CR2E034 (4/02)

FILED
Aug 08, 2002 8:00 am
Secretary of State

07-08-2002 90227 046 ***150.00

08-08-2002 90093 034 ***400.00

00466

DO NOT WRITE IN THIS SPACE