

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090350

1. Entity Name

U.S. LEADER DEVELOPMENT COMPANY, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90212 038 ***150.00

Principal Place of Business

205 SOUTH EOLA DRIVE
ORLANDO FL 32801

Mailing Address

205 SOUTH EOLA DRIVE
ORLANDO FL 32801-2827

2. Principal Place of Business

10311 Orangewood Blvd.
Suite, Apt. #, etc.

3. Mailing Address

10311 Orangewood Blvd.
Suite, Apt. #, etc.

City & State
Orlando, FL. 32821

Zip Country
USA

City & State
Orlando, FL. 32821

Zip Country
USA

4. FEI Number 59-3501364

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, JAMES A ESQ
~~205 SOUTH EOLA DRIVE~~
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
10311 Orangewood Blvd.
Orlando, FL. 32821
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

TITLE PD
NAME HARTMAN, JAMES A
STREET ADDRESS ~~205 SOUTH EOLA DRIVE~~
CITY-ST-ZIP ORLANDO FL 32801

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 10311 Orangewood Blvd.
CITY-ST-ZIP Orlando, FL. 32821

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-00

CR2E034 (9/99)