FILED

May 02, 2001 8:00 am Secretary of State

05-02-2001 90034 026 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090350

U.S. LEADER DEVELOPMENT COMPANY, INC.

Principal Place of Business

Mailing Address

9439 FOREST CITY RD.

9439 FOREST CITY RD.

ALTAMONTE SPRINGS FL 32714-1512

ALTAMONTE SPRINGS FL 32714-1512

2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3501364	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			<u> </u>	7. Name and Address of New Registered Agent		
			Name			
HARTMAN, JAMES A ESQ 9439 FOREST CITY RD. ALTAMONTE SPRINGS FL 32714-1512			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code	
3. The above				registered agent, or both, in the State of Florid	a.	
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable				i50.00 Trust Fund Contribution.	sing \$5.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11	
TITLE HAME STREET ADDRESS SITY-ST-ZIP	PD HARTMAN, JAMES A 10311 ORANGEWOOD BLVD ORLANDO FL 32821	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D JAMES A. HARTMAN 9439 FOREST CITY ROAD ALTAMONTE SPRINGS, FL 3	1 Change ☐ Addition	

TITLE ■ Delete TITLE I I Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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 YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-0:

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Daytime Pho

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