P9700090350

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



500045184815



/11/24/05--01053--005 **35.00

ROCKY KRGQ765

COVER LETTER

O: Amendment Section Division of Corporations	1/19/05
SUBJECT: SEE ATTACHED LIST (Name of corporation)	-
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Agent and fee are	submitted for filing.
Please return all correspondence concerning this matter to the following:	
JOANN ABRAMOUTZ (Name of contact person)	5 .7 • • • • • • • • • • • • • • • • • • •
JAMEJ A HARTMAN (Firm/Company)	P.A.
F.O. Box 94092\$ (Address)	
MAITIANS FL 327 (City/state and zip code)	94-0929
For further information concerning this matter, please call:	
JOANN ABRAMOWITZ at (352) (Name of contact person) (Area code &	326-5818' & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of $FOOLDA$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: U.S. LEADER DEVELOPMENT (SMPANY, 1)
2. The principal office address: 94.35 SILVER LAKE DRIVE
LEESBURG FL 34788
3. The mailing address (if different): P.O. Box 940929
MAITLAND FZ 32794-0929
4. Date of incorporation/qualification: 10 20 97 Document number: P9700090350
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
JAMES A. HARTMAN, ESQ. 10 Q
9439 FOREST CITY ROAD FEE &
0.10 50 50 6 320 (50 72)
ALTAMONTE PRINCE PL 32714 F. F.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JAMES A. HARTMAN, ESO.
(P.O. BOX NOT accoptable)
LEESBURG FL 34788
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
James A. Hastonia Poes
(Signature of an officer or director) (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
12-22-04
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Timed or Printed Name)

* * * FILING FEE: \$35.00 * * *