

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90001 006 \*\*\*150.00

**DOCUMENT # P97000098439**

1. Corporation Name

**THE PHIRM OF PAMELA LESLIE, INC.**

Principal Place of Business

**1407 CROOKED STICK DR  
VALRICO FL 33594**

Mailing Address

**1407 CROOKED STICK DR  
VALRICO FL 33594**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/01/1998**

2. Principal Place of Business

**21 2100 E. 26th Ave**

2a. Mailing Address

**26 2100 E 26th Ave**

4. FEI Number

**59-3405509**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

**23 Tampa, FL**

City & State

**28 Tampa, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

**24 33605-1236**

**25 USA**

Zip

Country

**29 33605-1236**

**30 US**

8. This corporation owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LESLIE, PAMELA  
1407 CROOKED STICK DR  
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81 Name

**Pamela Leslie**

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

**2100 E. 26th Ave**

83

84 City

**Tampa,**

**FL**

85 Zip Code

**33605**

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

**9-9-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **Pamela Leslie**  
STREET ADDRESS **2100 E 26th Ave**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE ☐ DELETE

NAME **Michael Leslie**  
STREET ADDRESS **2100 E 26th Ave**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE ☐ DELETE

NAME **Vice-President Michael Leslie**  
STREET ADDRESS **2100 E 26th Ave**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE ☐ DELETE

NAME **Michael Leslie**  
STREET ADDRESS **2100 E 26th Ave**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE ☐ DELETE

NAME **Michael Leslie**  
STREET ADDRESS **2100 E 26th Ave**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE ☐ DELETE

NAME **Michael Leslie**  
STREET ADDRESS **2100 E 26th Ave**  
CITY-ST-ZIP **Tampa, FL 33605**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 T

1.2 T

1.3 S

1.4 C

2.1 T

2.2 T

2.3 S

2.4 C

3.1 T

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4.4 C

5.1 T

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5.3 S

5.4 C

6.1 T

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6.3 S

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6.5 T

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