FROM : DORIS C LOCKSINC FAX NO. : 4072605501

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90254 027 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019014

1. Entity Name: JAMES R. LEONE, P.A.

Principal Place of Business | Mailing Address

A0068574

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 3188 OAK LANE	Suite, Apt. #, etc. P.O. BOX 755
City & State EDGEWATER, FL	City & State NEW SMYRNA BCH, FL
Zip 32132 Country VOLUSIA	Zip 32170-0755 Country VOLUSIA

4. FEI Number 59-3529675 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES R. LEONE

7. Name and Address of New Registered Agent

Name JAMES R. LEONE

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

3188 OAK LANE

City EDGEWATER FL Zip Code 32132

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) ☒

FILING FEE IS [illegible] After MAY 1, 2001 Fee will be [illegible] 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE C P S T D / NAME JAMES R. LEONE / STREET ADDRESS 3188 OAK LANE / CITY-ST-ZIP EDGEWATER, FL 32132	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: JAMES R. LEONE APRIL 30, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE