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0157858 FP

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/21/2003-90358-009-\$150.00-\$150.00


FILED

03 AUG -5 AM 9 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000010201**

1. Entity Name
RICKY LEPPALA AGENT, INC.



Principal Place of Business
**12785 N.E. 72ND BOULEVARD
OXFORD FL 34481-0409**

Mailing Address
**12785 N.E. 72ND BOULEVARD
OXFORD FL 34481-0409**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0710656**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEPPALA, RICKY
12785 N.E. 72ND BOULEVARD
OXFORD FL 34481-0409**

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$650.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEPPALA, RICKY 12781 N.E. 72ND BLVD. OXFORD FL 34484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEPALLE, STACY 12781 NE 72ND BLVD LAKE FL 32162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ricky Leppala PO Box 409 Oxford FL 34489	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stacy Leppala PO Box 409 Oxford FL 34484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Ricky Leppala* **SIC STATE REGISTERED** **7-11-03** **358** **427-2128**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (4/03)



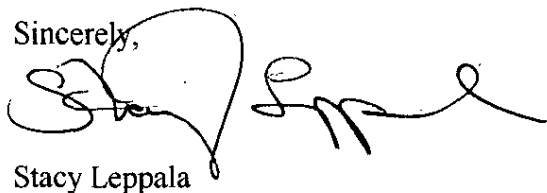
July 30, 2003

Division of Corporations:

Attention: Tyrone Scott

Could you please waive the late fees, as we did not receive the first notice. It was mailed to the wrong address. I have listed the correct mailing address. The city and zip code have been changed on our physical address and we did not receive the first notice. Our correct physical address is 12781 N.E. 72nd Blvd. Lady Lake, FL 32162.

Sincerely,



Stacy Leppala