

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90016 044 ***150.00

0651941 AV

DOCUMENT # P98000041384

1. Entity Name
LEON LAPIERRE INC.



Principal Place of Business
6042 SHEFFIELD LANE
ENGLEWOOD FL 34224

Mailing Address
6042 SHEFFIELD LANE
ENGLEWOOD FL 34224

2. Principal Place of Business
6042 Sheffield Ln.
Suite, Apt. #, etc.

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



☐ CHECK HERE IF MAKING CHANGES

City & State
Englewood FL
Zip **34224** **Country** **Charlotte**

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Englewood FL
Zip **34224** **Country** **Charlotte**

4. FEI Number **65-0831339** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
LAPIERRE, LEON
6042 SHEFFIELD LANE
ENGLEWOOD FL 34224

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 Leon D. LaPierre **DATE** 4/10/03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*** FILE NOW!!! FEE IS \$150.00**
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPIERRE, LEON 6042 SHEFFIELD LANE ENGLEWOOD FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPIERRE, DONNA 6042 SHEFFIELD LANE ENGLEWOOD FL 34224 <input type="checkbox"/> Delete
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED **DATE** 4/10/03 **DAYTIME PHONE #** 941-425-6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)