

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90142 028 ***150.00

DOCUMENT # P98000068168

1. Entity Name

MICHAEL W. LEONARD, P.A.



Principal Place of Business

2027 MCGREGOR BLVD.

FT. MYERS FL 33901

Mailing Address

2027 MCGREGOR BLVD.

FT. MYERS FL 33901

2. Principal Place of Business

2030 MCGregor Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2030 MCGregor Blvd.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Ft. Myers FL

City & State

Ft. Myers

Zip

33901

Country

Lee

Zip

33901

Country

Lee

4. FEI Number

65-0856880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, MICHAEL W

2027 MCGREGOR BLVD. 2030 MCGregor Blvd.

FT. MYERS FL 33901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LEONARD, MICHAEL W
2027 MCGREGOR BLVD.
FT. MYERS FL 33901

☐ Delete

TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02 239 476 8999

CR2E034 (10/02)