

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90195 001 \*\*\*150.00

**DOCUMENT # P99000000085**

1. Entity Name  
**LESLIE J. CROLAND, P.A.**



Principal Place of Business  
**600 CORPORATE DRIVE  
STE 514  
FORT LAUDERDALE FL 33334-3607**

Mailing Address  
**600 CORPORATE DRIVE  
STE 514  
FORT LAUDERDALE FL 33334-3607**



2. Principal Place of Business  
**350 E. Las Olas Blvd.**  
Suite, Apt. #, etc.  
**1150**

3. Mailing Address  
**350 E. Las Olas Blvd.**  
Suite, Apt. #, etc.  
**1150**

City & State  
**Ft. Lauderdale, FL**  
Zip  
**33301** Country  
**USA**

City & State  
**Ft. Lauderdale, FL**  
Zip  
**33301** Country  
**USA**

☒ CHECK HERE IF MAKING CHANGES  
4. FEI Number **65-0888763** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CROLAND, LESLIE J  
600 CORPORATE DRIVE  
STE 514  
FORT LAUDERDALE FL 33334-3607**

7. Name and Address of New Registered Agent

Name **Leslie J. Croland**  
Street Address (P.O. Box Number is Not Acceptable)  
**350 E. Las Olas Blvd.**  
**Suite 1150**  
City **Fort Lauderdale** FL Zip Code **33301**

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 ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **CROLAND, LESLIE J**  
STREET ADDRESS **600 CORPORATE DRIVE STE 514**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334-3607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☒ Addition  
NAME **Leslie J. Croland**  
STREET ADDRESS **350 E. Las Olas Blvd. #1150**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)