2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900002228 Apr 03, 2000 8:00 am Secretary of State LEATHERS BUILDERS, INC. 04-03-2000 90132 017 ***150.00 Mailing Address Principal Place of Business 4733 46TH AVE N 4733 46TH AVE N ST PETERSBURG FL 33714-2813 ST PETERSBURG FL 33714 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1233843 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEATHERS, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 4733 46TH AVE N ST PETERSBURG FL 33714 Zip Code F١ 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TIT! E ☐ Delete TITLE LEATHERS, RONALD D SR NAME NAME STREET ADDRESS STREET ADDRESS 4733 46TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33714 ☐ Change ☐ Addition ☐ Delete TITLE TITLE LEATHERS, JEFFREY A NAME STREET ADDRESS STREET ADDRESS 4733 46TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33714 ☐ Addition ☐ Change ☐ Delete TITLE LEATHERS, RONALD D JR NAME STREET ADDRESS STREET ADDRESS 4733 46TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33714 Addition Change ☐ Delete TITLE TITLE LEATHERS, PAUL A NAME NAME STREET ADDRESS STREET ADDRESS 4733 46TH AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33714 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attac SIGNATURE:

Daytime Phone #