

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002991

1. Entity Name
L.E.O. TRANSPORTATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90187 014 ***150.00

Principal Place of Business
9891 A BOCA GARDENS TRAIL
BOCA RATON FL 33496

Mailing Address
9891 A BOCA GARDENS TRAIL
BOCA RATON FL 33428-7613



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9159-F SW 22ND ST

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

City & State
BOCA RATON FL

City & State

4. FEI Number
650886649

Applied For
Not Applicable

Zip
33428

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

BLATT, WILLIAM S
318 S.E. 8TH STREET
FORT LAUDERDALE FL 33316

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RICHARDS, BRUCE
STREET ADDRESS 9891 A BOCA GARDENS TRAIL
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

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

TITLE STD
NAME RICHARDS, PAIGE
STREET ADDRESS 9891 A BOCA GARDENS TRAIL
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

8779835466

Daytime Phone #

CR2E034 (9/99)