

FILED
Aug 08, 2002 8:00 am
Secretary of State

07-23-2002 90340 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005020

1. Entity Name
CO-LEASH CO. INC.

Principal Place of Business
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Mailing Address
POST OFFICE BOX 272872
TAMPA FL 33688

41007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3552966

Applied For
Not Applicable

Zip Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ (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)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD FORTE, MICHAEL E 11925 DIETZ DRIVE TAMPA FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
V MAYO, GARY S 11925 DIETZ DRIVE TAMPA FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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

Michael E. Forte
MICHAEL FORTE
813 920 1910
Daytime Phone #

FROM : BRACE ACCT

FAX NO. : 813-632-8200

Jul. 19 2002 09:53AM P1

Attachment
Document #
P99000005020
41057

RONALD BRACE
19122 GOLDEN CACOOON PLACE
LUTZ , FL. 33558
813-792-1555

FLORIDA DEPT OF STATE
SECRETARY OF STATE
PO_BOX_6327
TALLAHASSEE, FL. 32314

JUNE 25, 2002

Re: CO-LEASH CO INC
P99000005020

To Whom It May Concern:

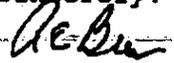
The above client received his uniform business report. As you know the report was due May 1, 2002, but he didn't receive the report until later.

Mr Forte, the president, has changed the address as well as the registered agent previously and you never changed your records. This could be the reason he never received the report until later.

He will be paying the \$150 filing fee due to this problem.

Thankyou for reviewing this matter.

Sincerely:


R. E. Brace