

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90067 015 ***550.00

DOCUMENT # P99000008022

1. Entity Name
LEAVES OF GRASS, INC.



Principal Place of Business
**2430 STONE CROSS CIR
ORLANDO FL 32828**

Mailing Address
**2430 STONE CROSS CIR
ORLANDO FL 32828**

2. Principal Place of Business

3. Mailing Address

P.O. Box 781201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando FL

Zip

Country

Zip

Country

32878-1201 orange

4. FEI Number **59-3559114**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLUM, JAMES L
2430 STONE CROSS CIR
ORLANDO FL 32828**

Name

CLUM James L

Street Address (P.O. Box Number is Not Acceptable)

12500 COUNTRY LAKES DR. APT. 1017

City

Orlando

FL

Zip Code

32878

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CLUM, JAMES L**
STREET ADDRESS **2430 STONE CROSS CIR**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **PD** ☒ Change ☐ Addition
NAME **JAMES L CLUM**
STREET ADDRESS **12500 COUNTRY LAKES DR. APT. 1017**
CITY-ST-ZIP **Orlando FL 32878**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-607

Date

407 3848539

Daytime Phone #

CR2E034 (4/03)