

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017978

1. Entity Name

LEON CORPORATION

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90025 015 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2128 SW 47TH TERR~~  
CAPE CORAL FL 33914

~~2128 SW 47TH TERR~~  
CAPE CORAL FL 33914

1306 SE 12th St.  
Cape Coral, Fla. 33990

1306 SE 12th St.  
Cape Coral, Fla. 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0907425

Applied For  
Not Applicable

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

~~HARTWICH, JUERGEN~~  
~~2128 SW 47TH TERRACE~~  
~~CAPE CORAL FL 33914~~

Name Lucia J. Uhde

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

1306 SE

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 Lucia J. Uhde

Quana J. Uhde

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, 2001 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 PTD  
NAME FROHNAPFEL, RITA  
STREET ADDRESS ~~2128 SW 47TH TERR~~ 5336 Aguafina  
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

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

TITLE VSD  
NAME LAMMATSCH, INGE  
STREET ADDRESS ~~2128 SW 47TH TERR~~ 5336 Aguafina  
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rita Frohnappfel

3/7/01 (941) 339-7348

CR2E034 (10/00)