

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90008 040 ***550.00

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DOCUMENT # P99000022279

1. Entity Name
WG LEAHY AND ASSOCIATES, INC.

Principal Place of Business Mailing Address
5100 NORTH FEDERAL HIGHWAY, SUITE 404 **5100 NORTH FEDERAL HIGHWAY, SUITE 404**
FORT LAUDERDALE FL 33308 **FORT LAUDERDALE FL 33308**

2. Principal Place of Business 3. Mailing Address
2770 NE 57 ST **2770 NE 57 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FT. Laud. FL **FT. Laud. FL**
 Zip Zip
33308 **33308** Country Country

4. FEI Number **65-0907444** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BERMAN, MARC A
5100 NORTH FEDERAL HIGHWAY SUITE 404
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **William G Leahy**
 Street Address (P.O. Box Number is Not Acceptable) **2770 NE 57 STREET**
 City **FT. Lauderdale** **FL** Zip **33308**

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 *William G Leahy* DATE **9-8-01**
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☐ Delete
 NAME **LEAHY, WILLIAM G**
 STREET ADDRESS **5100 NORTH FEDERAL HIGHWAY, SUITE 404**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **2770 NE 57 ST**
 STREET ADDRESS **FT. Laud FL 33308**
 CITY-ST-ZIP **33308**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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 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 attachment with an address, with all other like empowered.

SIGNATURE: *William G Leahy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9-8-01** Daytime Phone #

CR2E034 (5/01)