

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90158 023 ***150.00

DOCUMENT # P99000026109

1. Entity Name

LEADING EDGE BUSINESS SERVICES II, INC.

Principal Place of Business

Mailing Address

600 SW 4TH AVE**600 SW 4TH AVE****#109
FT. LAUDERDALE FL 33315
US****#109
FT. LAUDERDALE FL 33315
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0923823**

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

**JONES, JONATHAN E
831 SW 10TH STREET
FORT LAUDERDALE FL 33315**Name **JONES, JONATHAN E.**

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

**600 SW 4TH AVE., SUITE 108
FORT LAUDERDALE FL 33315**City **FORT LAUDERDALE**

FL

Zip Code **33315**

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, 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	PT	<input checked="" type="checkbox"/> Delete
NAME	JONES, V JOANND	
STREET ADDRESS	831 SW 10TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	

TITLE	PT, CEOV,	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JONATHAN E.	
STREET ADDRESS	600 SW 4TH AVE., SUITE 108	
CITY-ST-ZIP	FL LAUD., FL 33315	

TITLE	CEOV	<input type="checkbox"/> Delete
NAME	JONES, JONATHAN E	
STREET ADDRESS	831 SW 10TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPM	<input checked="" type="checkbox"/> Delete
NAME	SILTON, RAMON	
STREET ADDRESS	3137 NW 68TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)