

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90181 032 ***150.00

DOCUMENT # P99000052016

1. Entity Name

ANTHONY T. LEON, ESQ., P.A.
LAW OFFICES OF LEON & EGAN, P.A.

Principal Place of Business

Mailing Address

45 CENTRAL CT.
 TARPON SPRINGS FL 34689

45 CENTRAL CT.
 TARPON SPRINGS FL 34689-3209

2. Principal Place of Business

45 Central Court

Suite, Apt. #, etc.

3. Mailing Address

45 Central Court

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

Zip
34689

Country

Pinellas

City & State

Tarpon Springs FL

Zip
34689

Country

Pinellas

4. FEI Number

59-3578736

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELEHANTY, AILEEN
7300 MACKEREL LN.
HUDSON FL 34667

7. Name and Address of New Registered Agent

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.

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, 2000 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

TITLE NAME Delete
ANTHONY T. LEON, Sole Director
 STREET ADDRESS **45 CENTRAL COURT**
 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Change Addition
 STREET ADDRESS **→**
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
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 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00
 Date

27 942 0330
 Daytime Phone #

CR2E034 (9/99)