FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90629 050 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90091801

DOCUMENT # P99000062741

1. Entity Name
FINANCIAL LEADERSHIP, INC.

Principal Place of Business	Mailing Address
3881 FALCOLN RIDGE CIRCLE WESTON, FL 33331	3881 FALCOLN RIDGE CIRCLE WESTON, FL 33331

2. Principal Place of Business	3. Mailing Address
1035 DAISY LN	1035 DAISY LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON FL	City & State: WESTON, FL
Zip: 33327 Country: USA	Zip: 33327 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3587245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTANA, SONIA
3881 FALCOLN RIDGE CIRCLE
WESTON, FL 33331

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. 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 $150.00
After May 1, 2003 Fee will be $550.00
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: PSD NAME: MONTANA, SONIA STREET ADDRESS: 3881 FALCOLN RIDGE CIRCLE CITY-ST-ZIP: WESTON, FL 33331	☐ Delete	TITLE: PSD NAME: MONTANA, SONIA STREET ADDRESS: 1035 DAISY LN CITY-ST-ZIP: WESTON, FL 33327	☒ Change ☐ Addition
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CR2E034 (10/02)

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: by- Sonia Montana 4-15-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #