

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P9900006195**

1. Entity Name
SARASOTA LEATHER, INC.



Principal Place of Business
7261 S TAMiami TR
SARASOTA FL 34231

Mailing Address
2851 MCNAB RD
POMPANO BEACH FL 33069

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 **65-0940966** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORAITIS, ROBERT J
1310 S.E. 3RD. AVE.
FT. LAUDERDALE FL 33316**

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

TITLE **PSTD** Delete
NAME **LARUE, RODNEY A**
STREET ADDRESS **5850 W. ATLANTIC AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **MAYNARD, TIM**
STREET ADDRESS **5850 W. ATLANTIC AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-07

Date

Daytime Phone #

CR2E034 (10/02)

2003
SCE/201