

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90272 008 \*\*\*150.00

**DOCUMENT # P99000067117**

**1. Entity Name**  
**LEEMAR ASSOC., INC.**



**Principal Place of Business**  
**21634 BRIXHAM RUN LOOP**  
**ESTERO FL 33928**

**Mailing Address**  
**7535 ARBOR LAKE CT. UNIT 614**  
**NAPLES FL 34112**

**2. Principal Place of Business**

**3. Mailing Address**

**21634 BRIXHAM RUN LOOP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**ESTERO FL**

**4. FEI Number**  
**59-3589721**

Applied For  
Not Applicable

Zip

Country

Zip  
**33928**

Country  
**LEE**

**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**

**MATHURIN, VICTOR E**  
**25182 GOLF LAKE CR**  
**BONITA SPRINGS FL 34135**

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:** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**P MARLEY, JOANNE**  
**21634 BRIXHAM RUN LOOP**  
**ESTERO FL 33928**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**JOANNE MARLEY**

Date

Daytime Phone #

CR2E034 (10/02)