

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90117 041 ***150.00

DOCUMENT # P99000067829

1. Entity Name
LEADERSHIP DESIGNS, INC.

Principal Place of Business #106
UNIT B-405
3240 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228
Mailing Address
UNIT B-405
3240 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

2. Principal Place of Business #106
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **06-0402319**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
O'NEIL, MARY ANN
UNIT B-405 #106
3240 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

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 *Mary Ann O'Neil* DATE *1/19/01*
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| D | O'NEIL, SEAN MICHAEL | 3240 GULF OF MEXICO DR. UNIT B-405 | LONGBOAT KEY FL 34228 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| D | O'NEIL, MICHAEL BRIAN JR. | 3240 GULF OF MEXICO DR. UNIT B-405 | LONGBOAT KEY FL 34228 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| D | O'NEIL, SHANNON M | 3240 GULF OF MEXICO DR. UNIT B-405 | LONGBOAT KEY FL 34228 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| D | O'NEIL, SCOTT MICHAEL | 3240 GULF OF MEXICO DR. UNIT B-405 | LONGBOAT KEY FL 34228 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| D | O'NEIL, MATTHEW | 3240 GULF OF MEXICO DR. UNIT B-405 | LONGBOAT KEY FL 34228 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report of 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 recorder 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)