

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90465 013 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000075452**

1. Entity Name

LEONARD'S Nursery, Inc

Principal Place of Business

Mailing Address

15801 S.W. 216TH Street
MIAMI, FL. 33170

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

65-0947183

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Steve Leonard
15801 S.W. 216TH ST.
MIAMI, FL. 33176

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 registering.)

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, 2001 Fee will be \$350.00****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. ☐ Change ☐ Addition
 TITLE: **President**
 NAME: **Steve Leonard**
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete
 TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

 TITLE: ☐ Change ☐ Addition
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 NAME:
 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X****Steve Leonard****DATE****305-232-9005**

TO: Uniform Bus. Report D.U.D.