

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90020 042 ***150.00

DOCUMENT # P99000080026

1. Entity Name

LEADS MARKETING GROUP, INC.

Principal Place of Business

**6700 N. ANDREWS AVE., STE. 109
FT. LAUDERDALE FL 33309**

Mailing Address

**2625 MCCORMICK DRIVE
SUITE 102
CLEARWATER FL 33759**

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

65-0945889

Applied For

Not Applicable

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****LEACH, JEFF M****6700 N. ANDREWS AVE., STE. 109
FT. LAUDERDALE FL 33309**

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 reinstating)

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, 2002 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 **D** ☐ Delete
NAME **LEACH, JEFF**
STREET ADDRESS **3000 HOLIDAY DR., #1808**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**TITLE ☐ Change ☐ Addition
NAME **960 SW 19th Street**
STREET ADDRESS **Boca Raton, FL 33486**
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **EDWARDS, TOM**
STREET ADDRESS **418 SILVER MOSS LANE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**TITLE ☐ Change ☐ Addition
NAME **34688**
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-31-01

Daytime Phone #

727-669-2885

CR2E034 (9/01)