

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90256 047 ***150.00

DOCUMENT # P99000101582

1. Entity Name

3 LEAF DESIGN GROUP, INC.

Principal Place of Business

2160 CAPITAL CIR NE

SUITE 110

TALLAHASSEE FL 32308

Mailing Address

2160 CAPITAL CIR NE

SUITE 110

TALLAHASSEE FL 32308

2. Principal Place of Business

1900 Centre Point Blvd

3. Mailing Address

1900 CENTRE POINTE

Suite, Apt. #, etc.

47

Suite, Apt. #, etc.

47

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

Zip

32308

Country

USA

Zip

32308

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3630858

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

ROBERTS, MARIE ANNETTE

3143 FERNS GLEN DRIVE

TALLAHASSEE FL 32308

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

23 April 2002

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 **P** ☐ Delete
 NAME **ROBERTS, MARIE ANNETTE**
 STREET ADDRESS **2013 BROAD STREET**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **P** ☒ Change ☐ Addition
 NAME **MARIE ROBERTS, MARIE ANNETTE**
 STREET ADDRESS **1900 CENTRE POINTE NO 47**
 CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **VP** ☐ Delete
 NAME **ROBERTS, RODNEY AUSTIN**
 STREET ADDRESS **2013 BROAD STREET**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 April 2002

Date

850-322-7005

Daytime Phone #

CR2E034 (9/01)