

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101582

1. Entity Name
3 LEAF DESIGN GROUP, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 15 PM 1:03

Principal Place of Business
1900 CENTRE POINT BLVD
SUITE
TALLAHASSEE FL 32308

Mailing Address
1900 CENTRE POINT BLVD
SUITE
TALLAHASSEE FL 32308

2. Principal Place of Business
3143 FERNS GLEN DRIVE

3. Mailing Address
3143 FERNS GLEN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE FL

City & State
TALLAHASSEE FL

4. FEI Number 59-3630858
Applied For
Not Applicable

Zip 32309 Country USA

Zip 32309 Country USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marie Annette Roberts*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000021783900
07/25/03--01019--025 **558.75

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

Marie Annette Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 July 2003

850.322.7065

Date

Daytime Phone #

CR2E034 (4/03)