

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90157 006 ***150.00

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DOCUMENT # P99000105030

1. Entity Name

LEOPARD, INC.



Principal Place of Business

**3225 S. MACDILL AVENUE
SUITE 111
TAMPA FL 33629-8171**

Mailing Address

**PMB #253
3225 S MACDILL AVENUE STE 129
TAMPA FL 33629**

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 **59-3612142**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALLEY, STEPHEN G
390 N. ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801**

Name

Mark J. Bryn

Street Address (P.O. Box Number is Not Acceptable)

**One Biscayne Tower, Suite 2680
2 South Biscayne Blvd,**

City **Miami**

FL

Zip Code **33131**

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

(NOTE: Registered Agent signature required when reinstating)

February 27, 2003
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	CULVERHOUSE, JOY MCANN	
STREET ADDRESS	3301 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PURCELL, THOMAS K	
STREET ADDRESS	1548 LANCASTER TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BRYN, MARK J	
STREET ADDRESS	2 SOUTH BISCAYNE BOULEVARD, STE 3599	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	LYNCH, SCOTT	
STREET ADDRESS	PMB #253, 3225 S MACDILL AVE, #129	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Purcell

4/22/03
Date
813-805-0093
Daytime Phone #

CR2E034 (10/02)