

DOCUMENT # P99000111097

1. Entity Name

LEADS4SALE.COM, INC.

FILED

00 DEC 18 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

440 SOUTH FEDERAL HWY. SUITE. 204  
DEERFIELD BEACH FL 33441

Mailing Address

440 SOUTH FEDERAL HWY. SUITE. 204  
DEERFIELD BEACH FL 33441

2. Principal Place of Business

21218 St. Andrews Blvd.

3. Mailing Address

21218 St. Andrews Blvd.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

604

Suite, Apt. #, etc.

604

City & State

Boca Raton

City & State

Boca Raton

4. FEI Number

65-0971088

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAWYER, JONATHAN D  
21423 PAGOSA COURT  
BOCA RATON FL 33486

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 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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President  
Jonathan D. Sawyer  
21218 St. Andrews Blvd #604  
Boca Raton FL 33433

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

100003515231--2  
-12/28/00--01016--014  
\*\*\*\*758.75 \*\*\*\*758.75

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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☐ Change ☐ Addition

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

Daytime Phone #

CR2E034 (5/00)