

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-13-2001 90589 042 ***150.00

DOCUMENT # P99000111799

1. Entity Name
LEYSHON CONSULTING, INC.

Principal Place of Business
**321 IMPERIAL BLVD.
LAKELAND FL 33803**

Mailing Address
**321 IMPERIAL BLVD.
LAKELAND FL 33803**

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3621805

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PARKS, JOHN PAUL
% WENDEL CRITTON, PARKS & DEBARI, CHARTERED
D, 5300 SO. FLA. AVE.
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name **CHARLES P. CRITTON**
Street Address (P.O. Box Number is Not Acceptable)
WENDEL CRITTON CHARTERED
5300 SO. FLORIDA AVE
City **LAKELAND, FL** Zip Code **33813**

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 *Charles P. Critton* **CHARLES P. CRITTON** **2/6/2001**
Signature, typed or printed name of registered agent and date 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, 2001 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

TITLE **PRESIDENT** ☐ Delete
NAME **DAVID W. LEYSHON**
STREET ADDRESS **321 IMPERIAL BLVD**
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete
NAME **NO OTHERS**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: *David W. Leyshon* **DAVID W. LEYSHON, PRESIDENT** **2/6/2001**
Signature and typed or printed name of signing officer or director Date

863-644-2077

CR2E034 (10/00)