2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S21997 DOCUMENT

1. Entity Name

RICHARD A. LEIGH, P.A.



May 05, 2003 8:00 am & Secretary of State

05-05-2003 90173 025 ***150.00

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Principal Plac			Mailing Address P O BOX 1961									
SUITE 160				WINTER PARK FL 32790-1961								
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US			4.5	•							HI AMIN HAN	
2. Principal P	Place of Busin	3. Mai	3. Mailing Address					AT BLOCK BAR				
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
· 												
City & Stat	e		City	City & State			4.	4. FEI Number 59-3041925			plied For t Applicable	
Zip Country			Zip		Count	Country		5. Certificate of Status Desired See Required Fee Required				
	- 6. Name	urrent Registere	Registered Agent			7.	7. Name and Address of New Registered Agent					
				Name							ļ	
LEIGH, RIG	Chard A.		Stroot Address			acc (PO F	(P.O. Box Number is Not Acceptable)					
1031 W MORSE BLVD				ageet Address			533 (F.O. C	BOX NUMBER IS NOT Acceptable)				
SUITE :160	F 350											
	ARK FL 32						·	 7	in Code			
WHITEIT FAIRT E 02700						City		i	FL │ ^ℤ	ip Code	<i>,</i>	
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, typed or printed name of registered agent and title Applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
· · · · · · · · · · · · · · · · · · ·	Signature, typed	or printed name of register	red agent and title trapp	flicable. (NOTI	E: Registered	Agent signature re-	quired when n	reinstating) DA	TE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								S. Election Campaign Financing Trust Fund Contribution.			May Be to Fees	
Make (meck	c Payable to	Florida Departn	nent of State				Trade and Solithoppon		,,,,,,,,,	1		
10.		OFFICER	S AND DIRECTO	RS	11.		At	DDITIONS/CHANGES TO OFFICERS.	AND DIRE	CTORS	IN 11	
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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 trustge 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME