

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47962

1. Entity Name

J.J. LEO CORPORATION

R

FILED

Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90019 048 ***150.00

Principal Place of Business

11350 66TH STREET
SUITE 105
LARGO FL 33773
US

Mailing Address

11350 66TH ST.
SUITE 105
LARGO FL 33773
US

2. Principal Place of Business

18830 U.S. Hwy 19N
Suite, Apt. #, etc.
323

3. Mailing Address

18830 U.S. Hwy 19N.
Suite, Apt. #, etc.
323

City & State

Clearwater, FL

City & State

Clearwater FL

Zip

33764

Country

USA

Zip

33764

Country

USA

4. FEI Number

59-3061447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, JODI L.
243 ARBOR DRIVE EAST
PALM HARBOR FL 34683

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

Jodi L. Kaplan, President JODI L. KAPLAN, PRESIDENT 7-11-00

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)

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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 DCP
NAME KAPLAN, JODI
STREET ADDRESS 243 ARBOR DRIVE, EAST
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE DVS
NAME KAPLAN, JOSHUA
STREET ADDRESS 243 ARBOR DRIVE EAST
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE T
NAME KAPLAN, JOSHUA
STREET ADDRESS 243 ARBOR DRIVE EAST
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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:

Jodi L. Kaplan, President JODI L. KAPLAN, Pres. 7/11/00 720-547-0495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)