

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S63632

1. Entity Name

LEITZ & REED OFFICE PRODUCTS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90109 004 ***158.75

Principal Place of Business

Mailing Address

425 E 15TH ST.
 PANAMA CITY FL 32405

PO BOX 35158
 PANAMA CITY FL 32412-5158
 US

2. Principal Place of Business

2116 s. Hwy. 77

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lynn Haven, Fl.

City & State

4. FEI Number

59-3078387

Applied For

Not Applicable

Zip

32444

Country

Bay

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEITZ, LAJOYCE M
 8137 BRANDON RD
 PANAMA CITY FL 32404

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

LaJoyce M. Leitz
 Signature, type or print name of registered agent and title if applicable.

LaJOYCE M. LEITZ
 President

Feb. 11, 2000

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PGM ☐ Delete
 NAME LEITZ, LAJOYCE M.
 STREET ADDRESS 8137 BRANDON RD.
 CITY-ST-ZIP PANAMA CITY FL

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

TITLE DT ☐ Delete
 NAME REED, JANET D.
 STREET ADDRESS 1006 SEAGULL LN
 CITY-ST-ZIP LYNN HAVEN FL 32444

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

LaJoyce M. Leitz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 11, 2000

Date

850-271-2600

Daytime Phone #

CR2E034 (9/99)