

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S63632**1. Entity Name  
**LEITZ & REED OFFICE PRODUCTS, INC.**Principal Place of Business  
2116 S HWY 77  
LYNN HAVEN FL 32444  
Mailing Address  
PO BOX 35158  
PANAMA CITY FL 324125158 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**59-3078387**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**LEITZ, LAJOYCE M**  
**8137 BRANDON RD**  
  
**PANAMA CITY FL 32404**

## 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 **LAJOYCE M. LEITZ****04/27/2001**

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 \$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          | DT                  | <input checked="" type="checkbox"/> Delete |
|----------------|---------------------|--------------------------------------------|
| NAME           | REED, JANET D.      |                                            |
| STREET ADDRESS | 1006 SEAGULL LN     |                                            |
| CITY-ST-ZIP    | LYNN HAVEN FL 32444 |                                            |
| TITLE          | PGM                 | <input type="checkbox"/> Delete            |
| NAME           | LEITZ, LAJOYCE M.   |                                            |
| STREET ADDRESS | 8137 BRANDON RD.    |                                            |
| CITY-ST-ZIP    | PANAMA CITY FL      |                                            |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |                                            |
| STREET ADDRESS |                     |                                            |
| CITY-ST-ZIP    |                     |                                            |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |                                            |
| STREET ADDRESS |                     |                                            |
| CITY-ST-ZIP    |                     |                                            |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |                                            |
| STREET ADDRESS |                     |                                            |
| CITY-ST-ZIP    |                     |                                            |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                 | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|-------|----------------------|----------------|-------------|--------------------------------------------|-----------------------------------|
|       | DPT                  |                |             | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       | LEITZ, LAJOYCE M.    |                |             |                                            |                                   |
|       | 8137 BRANDON RD.     |                |             |                                            |                                   |
|       | PANAMA CITY FL 32404 |                |             |                                            |                                   |
|       |                      |                |             | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|       |                      |                |             | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|       |                      |                |             | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|       |                      |                |             | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|       |                      |                |             | <input type="checkbox"/> Change            | <input type="checkbox"/> 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: LaJoyce M. Leitz****DPT****04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)