

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # V42741**1. Entity Name  
LEEWARD TIME, INC.

Principal Place of Business	Mailing Address
91A BEAL PKWY NW	PO BOX 2435
STE AA1	
FT WALTON BCH FL	FT WALTON BCH FL
32548 US	325492435 US

2. Principal Place of Business	3. Mailing Address
12 FIRST STREET SW	

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
FT WALTON BCH FL	

Zip	Country	Zip	Country
32548	US		

4. FEI Number	Applied For
25-1506813	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GERCAK, RICHARD E.  
104 MIRACLE STRIP PARKWAY, SWFT. WALTON BEACH FL  
32548 US**7. Name and Address of New Registered Agent**Name  
GERCAK KAREN LVPStreet Address (P.O. Box Number is Not Acceptable)  
214 MIRACLE STRIP PARKWAY SWCity  
FT. WALTON BEACH FL Zip Code  
32548

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 **KAREN L. GERCAK****04/24/2001**

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	VS	<input type="checkbox"/> Delete
NAME	GERCAK KAREN LEE	
STREET ADDRESS	104 MIRACLE STRIP PKWY, SW	
CITY-ST-ZIP	FT. WALTON BCH FL	

TITLE	PT	<input type="checkbox"/> Delete
NAME	GERCAK RICHARD E	
STREET ADDRESS	104 MIRACLE STRIP PKWY, SW	
CITY-ST-ZIP	FT. WALTON BCH 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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERCAK KAREN L	
STREET ADDRESS	214 MIRACLE STRIP PKWY SW	
CITY-ST-ZIP	FT. WALTON BCH FL 32548	

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERCAK RICHARD E	
STREET ADDRESS	214 MIRACLE STRIP PKWY SW	
CITY-ST-ZIP	FT. WALTON BCH FL 32548	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Karen L. Gercak**

VS

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)