

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90081 043 ***150.00

DOCUMENT # V42741

1. Entity Name

LEEWARD TIME, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12 FIRST ST. SW

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 2435

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. WALTON BCH, FL

City & State

FT. WALTON BCH, FL

4. FEI Number

25-1506813

Applied For

Not Applicable

Zip

32548

Country

OKLAHOMA

Zip

32549

Country

OKLAHOMA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

7. Name and Address of Current Registered Agent

Name

KAREN L GERCAK, VP

Street Address (P.O. Box Number is Not Acceptable)

214 MIRACLE STRIP PKWY SW

City

FT. WALTON BEACH FL

Zip Code

32548

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PRES / TREAS
NAME	RICHARD E. GERCAK
STREET ADDRESS	214 MIRACLE STRIP PKWY SW
CITY - ST - ZIP	FT. WALTON BEACH, FL 32548
TITLE	VP / SEC
NAME	KAREN L. GERCAK
STREET ADDRESS	214 MIRACLE STRIP PKWY SW
CITY - ST - ZIP	FT. WALTON BEACH, FL 32548
TITLE	
NAME	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

KAREN L. GERCAK

05/07/02

850-243-2738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34B (12/01)