

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90078 010 ***150.00

DOCUMENT # V65972

1. Entity Name
WILLIAM LEIBSTONE ASSOCIATES INC.



Principal Place of Business
**1776 NORTH PINE ISLAND ROAD
SUITE 306
PLANTATION FL 33322
US**

Mailing Address
**1776 NORTH PINE ISLAND ROAD
SUITE 306
PLANTATION FL 33322
US**



2. Principal Place of Business

1776 North Pine Island Road

Suite, Apt. #, etc.
Suite #311

City & State
Plantation, FL

Zip
33322

Country
USA

3. Mailing Address

1776 N. Pine Island Road

Suite, Apt. #, etc.
Suite #311

City & State
Plantation, FL

Zip
33322

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0592200**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEIBSTONE, WILLIAM
SUITE 306 311
PLANTATION FL 33322**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LEIBSTONE, WILLIAM**
STREET ADDRESS **1776 N PINE ISLAND RD**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

WILLIAM LEIBSTONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03
Date

954-474-2707
Daytime Phone #

CR2E034 (10/02)