2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # Z00455 1. Entity Name LEADERSHIP INNOVATION TECHNOLOGIES ENRICHMENT, L | | | | | FILED OO JAN 19 AM 11: 10 | | | |
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| | | | | | • | • | | |
| Principal Place of Business | | Mailing Address | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| 1311 APOLLO BEACH BLVD. SUITE L | | P.O. BOX 66 RUSKIN FL 33570-0066 | | 1 | £1 + max max = 1 (+ p + c = - | | | |
| APOLLO BEA | CH FL 33572 | 1103KH4 1 E 55570-0000 | | | f 1884) Masset Alleit matte mende Acce | | | |
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| 2. Principal Place of Business | | 3. Mailing Address | | | I INDEE BOSINE KOEFE ONTIL DEODE KII | A DIEL BIGEL BIDEL BIGEL GLOSE | OVERN OF BALL LOSS | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | | |
| <u> </u> | | · | | | | | | |
| City & State | | City & State | | 4. FEI 1 | 59-3088473 | | pplied For | |
| Zip Country | | Zip Country | | 5. Certi | ficate of Status Desired | \$5.00 Add Fee Require | | |
| | 6. Name and Address of Curren | Registered Agent | <u></u> . | 7. Nam | e and Address of New Re | | au . | |
| - , - 5 | | F ' 2 \$5 . 2 | ~ Name = | | | | • | |
| HARRIS, COLIN | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | KERVIEW DRIVE | | - | | | | | |
| APOLLO (| BEACH FL 33572 | | | | | | | |
| | · | | City | | | FL Zip Cod | | |
| 8. The above | named entity submits this statement f | or the purpose of changing it | ts registered office or reg | istered agent, | or both, in the State of Flor | da. | | |
| SIGNATURE | Signature, typed or printed name of registered agen | and title if applicable. (NO | TE: Registered Agent signature re | quired when reinstati | ing) | DATE | | |
| | | | IOW!!! FEE IS \$50. ayable to Departme | | | | | |
| 9. | MANAGING MEME | BERS/MEMBERS | 10, | | ADDITIONS/0 | CHANGES | | |
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| NAME STREET ADDRESS | HARRIS, COLIN 932 BUNKER VIEW DR. | | NAME STREET ADDRESS | | 0000031 -02/01/ | . 18070- | ——15 104 | |
| CITY-ST-ZIP | APOLLO BEACH FL 33572 | | CITY-\$T-ZIP | | | | | |
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| NAME STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | to the state of th | NAME == STREET ADDRESS ; | . 2 | | | - | |
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| NAME STREET ADDRESS | | | WAME STREET ADDRESS | | \bigvee | | | |
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| STREET ACCRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-SI-ZIP | | | | | |
| TITLE - | | ☐ Delets | TITLE | | | ☐ Change | Addition | |
| NAME | | | RAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| 11. I hereby d | certify that the information supplied with | n this filing does not qualify for | or the exemption stated i | n Section 119.0 | 07(3)(i), Florida Statutes. H | urther certify that the i | nformation | |
| indicated | on this report is true and accurate and bility company or the receiver or truste | I that my signature shall have | the same legal effect as | s if made under | oath; that I am a managir | ng member or manage | er of the | |

COLOR PROPRIED COLIN Harri'S 1-13-00 813-645-4700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER Date Destripe Priorie #