

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90120 019 ***150.00

DOCUMENT # **F01000001760**
1. Entity Name
LEATHERLAND CORP.



Principal Place of Business
**154 F ST.
PERRYSBURG OH 43551**

Mailing Address
**154 F ST.
PERRYSBURG OH 43551**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1351355**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERRY, KAREN
12801 E. SUNRISE BLVD.
SUNRISE FL 33323**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PCD BELL, JEFFREY**
STREET ADDRESS **28503 E RIVER RD**
CITY - ST - ZIP **PERRYSBURG OH**

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME **V BERRY, KAREN**
STREET ADDRESS **12801 W. SUNRISE BLVD**
CITY - ST - ZIP **SUNRISE FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME **T CHAMBERLIN, JANIS**
STREET ADDRESS **6035 CO RD D.**
CITY - ST - ZIP **DELTA OH**

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
NAME
STREET ADDRESS
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TITLE Change Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information submitted 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 empowered.

SIGNATURE: Jeffrey Bell JEFFREY BELL 4/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date