2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
03 DEC -8 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000066963

1. Entity Name
LEAK MASTER INC.

Principal Place of Business	Mailing Address
406 HAMLET RD JACKSONVILLE, FL 32221	7961 NORMANDY BLVD. PMB 29 JACKSONVILLE, FL 32221

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Same		406 Hamlet Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Jacksonville, Fl	
Zip	Country	Zip: 32221	Country: US

4. FEI Number: 59-3659446 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, BRETT 406 HAMLET RD. JACKSONVILLE, FL 32221	Name: Same 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: Brett Thomas — DATE: 11-17-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
[illegible]
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, BRETT 406 HAMLET RD. JACKSONVILLE, FL 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. (Add) Thomas, Amy 406 Hamlet Rd Jacksonville, Fl 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Thomas, Amy 406 Hamlet Rd Jacksonville, Fl 32221	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer (Add) Thomas, Daniel 410 Hamlet Rd Jacksonville, Fl 32221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Thomas, Daniel 410 Hamlet Rd Jacksonville, Fl 32221	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 empowered.

SIGNATURE: Brett Thomas Brett Thomas — 11-17-03 — 904 390-0907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #