2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

Suite, Apt. #, etc

City & State

2724 HERSCHEL STREET

JACKSONVILLE FL 32205

DOCUMENT # P96000081164 1. Entity Name

LEFAVE ASSOCIATES, INC.

Principal Place of Business

2724 HERSCHEL STREET

JACKSONVILLE FL 32205

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

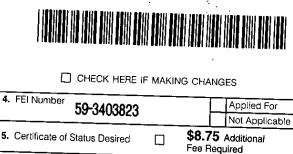
Zip



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90113 028 ***150.00

90003104



DATE

Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, C. HOLT III ONE INDEPENDENT DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 3301** JACKSONVILLE FL 32202 City Zip Code 8. The above named entity submits this statement for the purpose of changing its

the obligations of registered agent.	purpose of changing its registered office or registered agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE		

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.	55.00 May Be	
10.	OFFICERS AND DIRECTO	RS .					1
TITLE	D		11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11	\dashv
NAME	LEFAVE, JILL G	☐ Delete	TITLE		☐ Change		\exists
STREET ADDRESS	1427 BELVEDERE AVENUE		NAME			Addition	ĺ
CITY-ST-ZIP	JACKSONVILLE FL 32205		STREET ADDRESS		•		
TITLE	D		CITY-ST-ZIP				Ţ
NAME	LEFAVE, STEPHEN G	☐ Delete	TITLE				-
STREET ADDRESS	1427 BELVEDERE AVENUE		NAME	• •	Change	☐ Addition	1 8
CITY-ST-ZIP	JACKSONVILLE FL 32205		STREET ADDRESS	·			İ
TITLE	ONOTION PLEASE PE 32203		CITY-ST-ZIP		-		ĺ
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TREET ADDRESS			_NAME	where we are a second and a second	U change	Addition	
ITY-ST-ZIP			STREET ADDRESS				
2. I hereby cer	tify that the information supplied with this filing do	es not qualify to the	CITY-ST-ZIP		7		

2. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: