

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90140 045 \*\*\*150.00

DOCUMENT # **P99000062900**

1. Entity Name  
**LESCO HOLDINGS, INC.**



Principal Place of Business  
**4001 NORTH 38TH AVENUE  
HOLLYWOOD FL 33021**

Mailing Address  
**4001 NORTH 38TH AVENUE  
HOLLYWOOD FL 33021**

2. Principal Place of Business  
**3521 N. 32 Terrace**

3. Mailing Address  
**3521 N. 32 Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Hollywood FL 3**

City & State  
**Hollywood FL**

4. FEI Number **65-0931239**

Applied For  
 Not Applicable

Zip  
**33021**

Country  
**USA**

Zip  
**33021**

Country  
**USA**

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**

**GLAZER, SCOTT  
4001 N 38 AVE  
HOLLYWOOD FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3521 N. 32 Terrace**

City **Hollywood**

FL | Zip Code **33021**

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]*

DATE **1/20/03**

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**

**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	PTD	<input type="checkbox"/> Delete
NAME	<b>GLAZER, I. SCOTT</b>	
STREET ADDRESS	<b>4001 NORTH 38TH AVENUE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	SV	<input type="checkbox"/> Delete
NAME	<b>GLAZER, LESLIE J</b>	
STREET ADDRESS	<b>4001 NORTH 38TH AVENUE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>GLAZER, I. SCOTT PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLAZER, I. SCOTT</b>	
STREET ADDRESS	<b>3521 N. 32 Terrace</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>SV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLAZER, LESLIE J.</b>	
STREET ADDRESS	<b>3521 N. 32 Terrace</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/20/03** DAYTIME PHONE # **954-285-9077**

CR2E034 (10/02)