


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90153 012 ***150.00

DOCUMENT # 328175

1. Entity Name
FILCO, LTD.



Principal Place of Business
**3380 FAIRLANE FARMS ROAD
SUITE 1
WELLINGTON FL 33414**

Mailing Address
**3380 FAIRLANE FARMS ROAD
SUITE 1
WELLINGTON FL 33414**



2. Principal Place of Business
**11101 S. CROWN WAY
Suite 1
Wellington FL**

3. Mailing Address
**11101 S. CROWN WAY
Suite 1
Wellington FL**

City & State
Wellington FL

Zip
33414

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1204655** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**LEEMON, P.A.
3380 FAIRLANE FARM RD #1
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **P.A. Leemon**

Street Address (P.O. Box Number is Not Acceptable)
**11101 S. CROWN WAY
Suite 1**

City **Wellington** State **FL** Zip Code **33414**

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 *P.A. Leemon* **PA. Leemon** DATE **1/10/03**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	LEEMON, P. A.	
STREET ADDRESS	3380 FAIRLANE FARM RD #1	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEEMON, CHARLES III	
STREET ADDRESS	15850 BRITTEN LANE RD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEEMON, LINDA L.	
STREET ADDRESS	15850 BRITTEN RD	
CITY-ST-ZIP	WELLINGTON FL 33414	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEMON, P.A.	
STREET ADDRESS	11101 S. CROWN WAY #1	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input checked="" 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		
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: *Linda Leemon* **Linda Leemon** DATE **1/10/03** DAYTIME PHONE # **561-753-9999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)