2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

358416 **DOCUMENT #**

1. Entity Name

LES FERRELL, JEWELERS INC.



Jan 27, 2003 8:00 am Secretary of State
01-27-2003 90365 014 ***150.00 **FILED**

Principal Place of Business 115 NORTH WOODLAND BLVD DELAND FL 32720 US 2. Principal Place of Business		Mailing Address 115 NORTH WOODI DELAND FL 32720 US 3. Mailing Address	LAND BLVD.	
Suite, Apt.		Suite, Apt. #, etc.		
oute, Apr. 11, etc.		0410,7 141 11, 0101		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-1305787 Applied For Not Applicable
Zip -	Country -	Zip		5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of	Current Registered Agent		7. Name and Address of New Registered Agent
	, ronald T Michigan Avenue			Name Street Address (P.O. Box Number is Not Acceptable)
DELAND	FL 32720		Cit	City Zip Code
	charried entity submits this statitions of registered agent. Signature, typed or printed name of regis	• • •		office or registered agent, or both, in the State of Florida. I am familiar with, and accept
Afte Make Check	ILE NOW!!! FEE IS \$150 r May 1, 2003 Fee will be \$ k Payable to Florida Depart	550.00 Iment of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FERRELL, SUSAN J 200 WEST MICHIGAN DELAND FL	RS AND DIRECTORS Delete	TITLE NAME STREET ADD CITY-ST-ZI	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRELL, RONALD L 200 WEST MICHIGAN DELAND FL	☐ Delete	TITLE NAME STREET ADD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERRELL, JEREMY L. 435 EAST RICH AVENUE DELAND FL 32724	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	I 1003 North Pine Street
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZII	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZII	
TITLE NAME	1	& Delete	TITLE . NAME	Change Addition

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

変向利何月辰[Ferrell President

1-15-03 386-734-3801

Date

Daytime Phone #