AMENDED UBR

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

· ONIFORM BUSINESS KEPOKI (OBK)					
DOCUMENT # \$688807 1. Entity Name				FILED	
Les Bob Corporation				02 MAY 22 AM 7: 38	
DO NOT WRITE IN THIS SPACE			SECRETARY OF TALLAHASSEE.	STATE TORIU	
2. Principal Place of Business 1101 N. BRY STREE+ Sulte, Apt. #, etc.				100056947012 -06/06/0201054028 50 NOT WHITE RIAGES ACE************************************	
City & State Eustis, Florida	City & State US+15, Florida Eus+15 FL			4. FEI Number 59-20298	Applied For Not Applicable
Zip 32726 Country USA	Zip 32734 Country USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
None Service Control of the August States of the Au		7. Name and Address of Current Registered Agent			
DO NOT WEITE			IEK	RRY SQUILLANTE	
			P.O. Box Number is Not Acceptable)		
IN THIS SPACE			34825 Marshall Road		
er en en er en General en er en			0		L Zip 5 2 736
8. The above named entity submits this statement for the TERRY SOW II AN +E, PRES.	ne purpose of changing its	pegisyere			-1 30 13 0
SIGNATURE Signature, typed or printed name of registered egent and	illie if applicable. (No.)		I Agent signature required	when reinstating bar	7/02
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					
11. OFFICERS AND DIF		3342			ana sujecta sono julio del Sul Medi del Aliv
TERRY SOULLIANTE	relas + Dieecton	NAME	Charles of the Section of the Sectio	Barrella de la Carte de Carte Carte de Carte de Ca	ZO1)
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FILE		Time			ENGRAPH CHECKER CONTROL COMMENCE METALENCY CO.
NAME		NAME		e Carlos Carlos Carlos	**************************************
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NAME			Service Services	Tan Ajin (1964) Galago Aleman	F Garage Control
STREET ADDRESS : CITY-ST-ZIP		ASTREE	WADDRESS .	Control Control (Control Control Contr	The second secon
13. 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 11 or on an					
attachment with an address, with all other like emno	JERKY S	au il	PAYAE, PRE	5	
SIGNATURE: SIGNATURE AND TYPED OR PRINT	FOR NAME OF SIGNING OFFICER O	R DIRECTO	MOL BR	5/9/02 352-5	589-8848 Daytime Phone #