

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90005 023 ***550.00

DOCUMENT # 691358

1. Entity Name
LESA INVESTMENTS, INC.



Principal Place of Business

Mailing Address

**9 MARLWOOD LANE
 PALM BEACH GARDENS FL 33418
 US**

**P.O. BOX 1217
 JUPITER FL 33468-1217
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

17190 Jupiter Farms Rd.

**312 So. Old Dixie Hwy
 Suite, Apt. #, etc.
 SUITE 209**

City & State

City & State

Jupiter, FL.

Jupiter, FL.

4. FEI Number

59-2121899

Applied For

Not Applicable

Zip
33478

Country
USA

Zip
33458

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

**ZAMFT, LARY VON
 9 MARLWOOD LANE
 PALM BEACH GARDENS FL 33418**

Name
LARY F. VON ZAMFT

Street Address (P.O. Box Number is Not Acceptable)
17190 JUPITER FARMS RD.

City
Jupiter FL Zip Code
33478

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/20/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSTD Delete
 NAME
VON ZAMFT, LARY
 STREET ADDRESS
9 MARLWOOD LANE
 CITY-ST-ZIP
PALM BEACH GARDENS FL 33418

TITLE
P, S, T, D. Change Addition
 NAME
LARY F. VON ZAMFT
 STREET ADDRESS
17190 JUPITER FARMS Rd.
 CITY-ST-ZIP
JUPITER, FL. 33478

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 12 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

Daytime Phone #

6/20/00

CR2E034 (9/99)