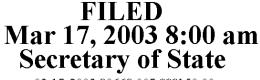
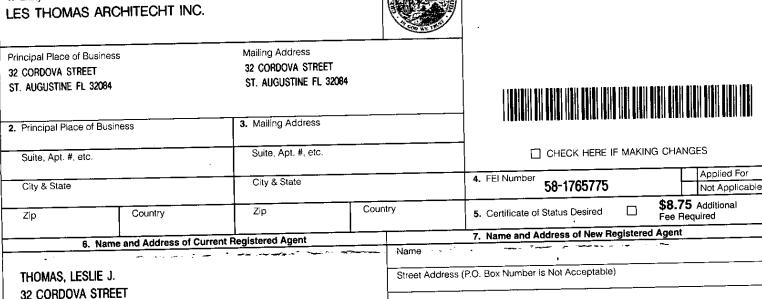
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR K01082 **DOCUMENT #** 1. Entity Name LES THOMAS ARCHITECHT INC.



03-17-2003 90669 007 ***150.00



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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.

11.

City

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS

ST. AUGUSTINE FL 32084

9. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

Zip Code

10. ☐ Addition Change TITLE Delete TITLE NAME THOMAS, LESLIE J. NAME STREET ADDRESS STREET ADDRESS 32 CORDOVA STREET CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL ☐ Addition Change | TITLE Delete TITLE NAME NAME OAKES, CATHERINE A. STREET ADDRESS STREET ADDRESS 32 CORDOVA STREET CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL Change -Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Delete

Delete

CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if applike employered. CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is a supplemental report is a supplemental report. of the corporation or the receiver or trustee em changed, or on an attachment with

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Change

Change

Addition

☐ Addition