FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90051 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00114748

DOCUMENT # M66335

1. Entity Name
LES'S PRINTING & GRAPHIC DESIGN, INC.

Principal Place of Business	Mailing Address
C/O JILL FENDER 821 13TH ST. ST. CLOUD, FL 34769	C/O JILL FENDER 821 13TH ST. ST. CLOUD, FL 34769

2. Principal Place of Business	3. Mailing Address
821 13th Street	821 13th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud, FL	City & State: St. Cloud, FL
Zip: 34769 Country: USA	Zip: 3e769 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2872394 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FENDER, JILL
821 THIRTEENTH STREET
ST.CLOUD, FL 32769

7. Name and Address of New Registered Agent

Name: Donna J Duke
Street Address (P.O. Box Number is Not Acceptable): 821 13th Street
City: Florida FL Zip Code: 34769

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: Donna Jeannette Duke DATE: 4-30-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT FENDER, LESLIE VAN 821 THIRTEENTH ST. ST. CLOUD, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres-Donna J Duke 821 13th Street St. Cloud, FL 34769	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS FENDER, JILL 821 THIRTEENTH ST. ST. CLOUD, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Donna Jeannette Duke Pres. 4-30-03 407-892-6588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)