2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

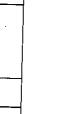
P00000043582

1. Entity Name

LEEGAST.COM, INC.



Principal Place of Bu



FILED Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90087 006 ***150.00

1558 EASTBROOK DRIVE SUITE FL20 SARASOTA FL 34231 2. Principal Place of Business		Mailing Address 1558 EASTBROOK DRIVE SUITE FL20 SARASOTA FL 34231				
	in Flace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		EIN L CHECK HERE IF MAKING CHANGES		
City & State		City & State				
<u> </u>	<u> </u>			4. FEI Number NOT APP	LICABLE Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable	
	6. Name and Address of Curre	nt Registered Agent			Fee Required	
0.07			Name	7. Name and Address of Nev	v Registered Agent	
GAST, LI		Street Addre		ddrong (BO, Bou New)	ess (P.O. Box Number is Not Acceptable)	
	Stbrook drive Ta fl 34231	Olicet Addle			ộle)	
SANASU	IA FL 34231		}			
			City		Zip Code	
8. The abov	e named entity submits this statement	for the purpose of changing in	ts registered office or i	registered agent, or both, in the State of		
{ ,	•			regional agent, or both, in the state of t	-torida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered age			_		
§ F		nt and title if applicable. (NO	TE: Registered Agent signature	e required when reinstating)	DATE	
	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00			9 Floation Committee		
Make Chec	k Payable to Florida Department	of State		 Election Campaign F Trust Fund Contribution 	inancing \$5.00 May Be on. Added to Fees	
10.	OFFICERS AND		11.			
TITLE	D	☐ Delete	TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS	GAST, LEE W		NAME		☐ Change ☐ Addition	
CITY-ST-ZIP	1558 EASTBROOK DRIVE SARASOTA FL 34231		STREET ADDRESS		,	
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STREET ADDRESS			NAME STREET ADDRESS		. 5 <u></u>	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
12. I hereby ce	rtify that the information supplied with	this filing does not qualify for t	the output is a second			

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 changed, or on an attachment with an address, with all pare like empowered.

SIGNATURE:

DUIRED SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

IRS Department of the Treasury AHachment 4

Atlanta GA 39901

In reply refer to: 0451639364

Sep. 12, 2002 LTR 147C 65-1070369 200112 02 000

00607

70009094

LEEGAST COM INC % LEE GAST 1558 EASTBROOK DR SARASOTA FL 34231-3512583

Employer Identification Number: 65-1070369

IRS Control Number: NONE

Dear Taxpayer:

Thank you for the inquiry of Sep. 02, 2002.

Your employer identification number (EIN) is 65-1070369. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-1040. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ()_____ Hours____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Patience Ellis Accounts Management III

Enclosure(s):
Copy of this letter