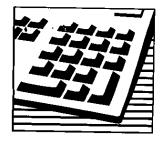
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000048604 FILED 02 OCT 29 AM 8: 59 LES COLLINS ENTERPRISES INC. TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3170 N. Federal HWY DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS TITLE TITLE NAME NAME 10/29/02--01074--007 \*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CR2E034B CITY-ST-ZIP TITLE TITLE NAME NAME 800008667178 10/29/02--01074--008 \*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE: TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Zip CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE DITLE NAME NAME 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 on an officer or director of the composition of the STREET ADDRESS

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## QTA ASSOCIATES, INC.

QUICKBOOKS • TAX • ACCOUNTING

October 22, 2002

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

RE: Document # P00000048604 Les Collins Enterprises Inc..

Dear Sir or Madam:

As per my telephone conversation of this day with one of your representatives, I am enclosing 2 checks for \$150.00 each payable to the Department of State. These checks represent two years of filing fees. Mr. Collins did not ever receive any of the UBR reports and was advised not to worry about them from his prior accountant. Unfortunately, Mr. Collins' prior accountant did not advise him properly and has caused Mr. Collins tremendous grief and late filing fees.

We are respectfully requesting abatement of the penalties associated with this matter. Thank you for your understanding concerning this situation.

Sincerely,

Angela DiCrescenzo, CPA

**Enclosures**