


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90603 032 ***150.00

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DOCUMENT # P00000092233	
1. Entity Name JAMES LESLIE DESIGN ASSOCIATES CORP.	

Principal Place of Business 330 PALMETTO POINT VERO BEACH FL 32963	Mailing Address 330 PALMETTO POINT VERO BEACH FL 32963
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LESLIE, JAMES 330 PALMETTO POINT VERO BEACH FL 32963

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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) DATE _____

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	
TITLE	P <input type="checkbox"/> Delete
NAME	LESLIE, JAMES
STREET ADDRESS	330 PALMETTO POINT JOHN'S ISLAND
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	S <input type="checkbox"/> Delete
NAME	LESLIE, LEILA
STREET ADDRESS	70 PAGET COURT, JOHN'S ISLAND
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	VP <input type="checkbox"/> Delete
NAME	LESLIE, LINDA
STREET ADDRESS	1038 GALISTEO STREET
CITY-ST-ZIP	SANTA FE NM 87501
TITLE	VP <input type="checkbox"/> Delete
NAME	LESLIE MITCHELL, TUCKER
STREET ADDRESS	42 TOOKER AVENUE
CITY-ST-ZIP	OYSTER BAY NY 11771
TITLE	VP <input type="checkbox"/> Delete
NAME	LESLIE PEZZO, CHARLOTTE
STREET ADDRESS	2729 NW 28 STREET
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *James Leslie Jr* (E) JAMES LESLIE JR 4/15/03 (972) 234-6729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)