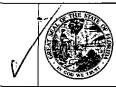
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000037130

Leppo's Lym Equipment, Inc.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91221 044 ***158.75

DO NOT WRITE IN THIS SPACE

SECTOR CHIEFTET SHOT, IT THE MARKET SECTOR				<u> </u>
2. Principal Place of Business		Mailing Address		4 1100260
5853 Parkwaik	Drive	5853 Far	KWAIK Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE I
City & State		City & State		4. FEI Number
Bounton Braci	2. Florida	Boynton Be	ach, Florida	65-109435
	ountry	Zip 12-1	Country	5. Certificate of Status Desired

11005607

DO NOT WRITE IN THIS SPACE

			7. Name and Address of Current Registered Agent
			Name Laura K. Leppo
	O NOT W	RITE	Street Address (P.O. Box Number.is. Not Acceptable)
ae as	THE REPORT OF THE PARTY OF THE PARTY.		_Street_Address (P.O., Hox Number is Not Acceptable)
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IN IHIS SPACE

Parkwalk Drive

^{ty}Bo	YM	00	\mathcal{B}_{i}	cal	en	,		F	L	Zip	Cod 34.	e 3'

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, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

4-16-03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

10.=	OFFICERS AND DIRECTORS	Jane & Some Com	
TITLE NAME STREET ADDRESS	PTD Laura K. Leppo_ 5853 Parkwalk Drive Boynton Beach, Fronda 33/37	TITLE NAME STREET ADDRESS	
CITY-ST-ZIP	Boynton Beach, Fronda 33437	CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Lisa Lypeh 5853 Parkwalk Drive Boynton Beach, Fronda 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an

SIGNATURE:

Daytime Phone

CR2E034B (12/02)