## FILED Sep 08, 2003 8:00 am Secretary of State

Daytime Phone #

FOR PROFIT CORPORATION / UNIFORM BUSINESS REPORT (UBR)					Secretary of State 09-08-2003 901 28 023 ***550.00		
DOCUMENT # P01000078080							
LED	FORD INDUSTRIES	,INC. /					
DO NOT WRITE IN THIS SPACE					90154428		
	) 59+n Ave N.	3. Mailing Address 9910 59+n 5 Suite, Apt. #, etc.	Dave N	•	DO NOT WRITE IN THIS SP	ACE	
City & Stat	etersburg, FL	St. Petersb	ura E	4.	FEI Number 373 4413	Applied For Not Applicable	
31 · re	Country	2ip 22708	Country	<del>اسا</del> 5.	Certificate of Status Desired  \$	8.75 Additional	
		,	Name	7. N	lame and Address of Current Registered A		
DO NOT WRITE IN THIS SPACE				Wilburn H. Ledford Address (P.O. Box Number is Not Acceptable)			
i. K	IN THIS SPA	ICE .	,		59th Ave N.		
	·		City	<u>, , , , , , , , , , , , , , , , , , , </u>	tersburg FL	33708	
8. The above named entity submits the 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 Signature typed of Quotad name of registered agent and entire (if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	nuary 1 - May 1 - Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of St	-			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIF	RECTORS					
TITLE NAME	PD LEDFORD, WILBURN +	ł.	TITLE NAME	. '		(12/02	
STREET ADDRESS CITY-ST-ZIP	9910 59+1 AVE N St. PETERS BURGIFL		STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	0348	
TITLE NAME	SD		TITLE NAME	v	>	CR2F	
STREET ADDRESS	GONZALEZ, CARLOS 15335 GEORGE BLVD	0	STREET ADDRESS		s '	. )	
CITY-ST-ZIP	CLEARWATER, FL 33	160	CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	- 5-20-00	
NAME STREET ADDRESS			NAME STREET ADDRESS	بعر عصمه حد	ى ئىن ئىن ئىن بىلىنىدى بى مىشىك قومە ئومىدى. ئ		
CITY-ST-ZIP			CITY-ST-ZIP		DO NOT WRIT	<b>'E</b>	
TITLE NAME			TITLE NAME		IN THIS SPAC	E	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	i			
TITLE	/		TITLE	<del> </del>			
NAME STREET ADDRESS			NAME Street Address				
CITY-ST-ZÎP	\$		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	And the second of the second o	* ***	
TITLE NAME			TITLE NAME	,			
STREET ADDRESS CITY-ST-ZIP			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 attachment with an address, with all other like of movered.							

SIGNATURE AND TAPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR