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Secretary of State
06-30-2002 90230 034 ***155.00

B0126315

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089656

1. Entity Name

Lee Weeks tile Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 8190 Naturer Way
Suite, Apt. #, etc.: Apt. 21
City & State: Bradenton FLA.
Zip: 34202 Country: USA

3. Mailing Address: same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1147518 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Gregory C. Meissner
Street Address (P.O. Box Number is Not Acceptable): 111 Third Avenue West, Suite 150
City: Bradenton FL Zip Code: 34205

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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) [ ]

10. Election Campaign Financing Trust Fund Contribution. [X] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Everette Lee Weeks JR.
STREET ADDRESS	8190 Natures way, Apt. 21
CITY-ST-ZIP	Bradenton, FLA. 34202
TITLE	
NAME	
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CITY-ST-ZIP	
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CR2E034B (12/01)

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 attachment with an address, with all other like empowered.

SIGNATURE: _____ 6-24-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #