

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000000076

1. Entity Name
LET ENTERPRISES, INC.



03 SEP 10 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA100023278221
09/23/03--01037--034 **8.75100023278221
09/23/03--01037--033 **550.00
DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 11571

3. Mailing Address
P.O. Box 11571

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip
33339

Country

Zip
33339

Country

4. Fed Number
22-2721554

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LEROY E. TRUAX

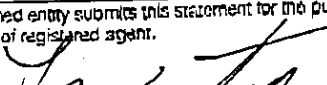
Street Address (P.O. Box Number is Not Acceptable)
120 SEVERINO DRIVE

City
ISLAMORADA

FL

Zip Code
33036

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  **LEROY E. TRUAX** **9/8/03**

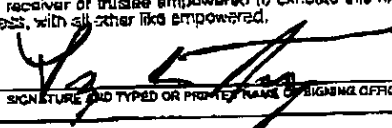
(NOTE: Registered Agent Signature Required When Applicable)

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	NAME LEROY E. TRUAX STREET ADDRESS 120 SEVERINO DRIVE CITY-ST-ZIP ISLAMORADA, FL 33036
TITLE TREASURER	NAME MARTIN TRUAX STREET ADDRESS 192 LAMSON ROAD CITY-ST-ZIP MAHETTA, NJ 08092
TITLE SECRETARY	NAME JAMES MEYERS STREET ADDRESS 14 CENTER LANE CITY-ST-ZIP KEY LARGO, FL 33037
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 empowered.

SIGNATURE:  **LEROY E. TRUAX** **9/8/03** **609-978-1109**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)