FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 10 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100023278221
09/23/03--01037--034 **8.75

100023278221
09/23/03--01037--033 **550.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000000076

1. Entity Name
: LET ENTERPRISES, INC.

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2. Principal Place of Business	3. Mailing Address
P.O. Box 11571	P.O. Box 11571
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33339 Country	Zip: 33339 Country

4. FEI Number: 22-2721554 ☐ 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: LEROY E. TRUEX

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: [signature] LEROY E. TRUEX 9/8/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Make Checks 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	PRESIDENT
NAME	LEROY E. TRUEX
STREET ADDRESS	120 SEVERINO DRIVE
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	TREASURER
NAME	MARTIN TRUEX
STREET ADDRESS	192 LAMSON ROAD
CITY-ST-ZIP	MARIETTA, NY 08092
TITLE	SECRETARY
NAME	JAMES MEYERS
STREET ADDRESS	19 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	

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CR2E034B (12/02)

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: [signature] LEROY E. TRUEX 9/8/03 609-978-1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #