

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000019427

FILED
Apr 26, 2003
Secretary of State

Entity Name: LEXRON, INC.

Current Principal Place of Business:

427 GOLDEN ISLES DR #12-F
HALLANDALE, FL 33009

New Principal Place of Business:

427 GOLDEN ISLES DRIVE
12F
HALLANDALE, FL 33009

Current Mailing Address:

427 GOLDEN ISLES DR #12-F
HALLANDALE, FL 33009

New Mailing Address:

427 GOLDEN ISLES DR IVE
12F
HALLANDALE, FL 33009

FEI Number: 02-0572137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALLING, J. RONALD
427 GOLDEN ISLES DR #12-F
HALLANDALE, FL 33009

Name and Address of New Registered Agent:

SALLING, J. RONALD
427 GOLDEN ISLES DR IVE
12F
HALLANDALE, FL 33009

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:

04/26/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALLING, J. RONALD
Address: 427 GOLDEN ISLES DR #12-F
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SALLING, J. RONALD
Address: 427 GOLDEN ISLES DR #12-F
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. RONALD SALLING

PRES

04/26/2003

Electronic Signature of Signing Officer or Director

Date