

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000052373

FILED
Jan 07, 2003
Secretary of State

Entity Name: LES 3 MARCHÉS, INC

Current Principal Place of Business:

6205 LAKE WILSON RD
SUITE C
DAVENPORT, FL 33896

New Principal Place of Business:

915 MONTROSE ST
CLERMONT, FL 34711 US

Current Mailing Address:

PO BOX 736
LOUGHMAN, FL 33858

New Mailing Address:

915 MONTROSE ST
CLERMONT, FL 34711 US

FEI Number: 03-0441961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LE HELLEY, BERTRAND
6205 LAKE WILSON RD
SUITE C
DAVENPORT, FL 33896

Name and Address of New Registered Agent:

LE PAPE, FABIENNE
915 MONTROSE ST
CLERMONT, FL 34711 US

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: FABIENNE LE PAPE

01/07/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LE PAPE, FREDERIC
Address: 6205 LAKE WILSON RD - SUITE C
City-St-Zip: DAVENPORT, FL 33896

Title: VS () Delete
Name: LE PAPE, FABIENNE
Address: 6205 LAKE WILSON RD - SUITE C
City-St-Zip: DAVENPORT, FL 33896

Title: T () Delete
Name: WOLF, ALAIN
Address: 6205 LAKE WILSON RD - SUITE C
City-St-Zip: DAVENPORT, FL 33896

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LE PAPE, FREDERIC
Address: 915 MONTROSE ST
City-St-Zip: CLERMONT, FL 34711 US

Title: VS (X) Change () Addition
Name: LE PAPE, FABIENNE
Address: 915 MONTROSE ST
City-St-Zip: CLERMONT, FL 34711 US

Title: T (X) Change () Addition
Name: WOLF, ALAIN
Address: 915 MONTROSE ST
City-St-Zip: CLERMONT, FL 34711 US

Title: D () Change (X) Addition
Name: WOLF, EVELYNE
Address: 915 MONTROSE ST
City-St-Zip: CLERMONT, FL 34711 US

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: FABIENNE LE PAPE

VS

01/07/2003

Electronic Signature of Signing Officer or Director

Date