FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000 70818

Entity Name
SOUTHERN LEAL ESTATE MANAGMENT



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90217 027 ***158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Ao. Box 622028

Suite, Apt. #, etc.

3. Mailing Address
/ 385 ... gaz haqualia luq
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State 4. FEI Number Applied For City & State Charleston Γ OVIEDO 52-23787*3* Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 32762 Fee Required 7. Name and Address of Current Registered Agent 02420C DO NOT WRITE Address (P.O.: Box-Number is Not-Acceptable IN THIS SPACE

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.

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not, (peo of printer name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating

DATE

\$5.00 May Be

After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

10. OFFICERS AND DIREC

January 1 - May 1 Fee is \$150.00

OFFICERS AND DIRECTORS

Trust Fund Contribution.

9. Election Campaign Financing

\$5.00 May Be Added to Fees

NAME NAME LACO VITACIE STREET ADDRESS STREET ADDRESS 138 Suche Magnolia CITY-ST-ZIE CITY-ST-ZIP Charles TOW TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 April 03

843 am 5269

Daytime Phone

CR2E034B (12/02)