

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000092494**

1. Entity Name
LETHAL PC, INC.



Principal Place of Business
**4446 WILKINSON DRIVE
LAKE WORTH FL 33461**

Mailing Address
**4446 WILKINSON DRIVE
LAKE WORTH FL 33461**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0710286

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CONNORS, WILLIAM C II
4446 WILKINSON DRIVE
LAKE WORTH FL 33461**

Name

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

City

FL

Zip Code

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

William C. Connors

William C. Connors II

VP

DATE

3-7-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00

May Be

Trust Fund Contribution

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **HOLLEY, TIMOTHY J**
STREET ADDRESS **1421 W PERRY ST**
CITY-ST-ZIP **LANTANA FL 33462**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE **VP**
NAME **CONNERS, WILLIAM C II**
STREET ADDRESS **4446 WILKINSON DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change

Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William C. Connors II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/2003
10:00 AM

**FILED
Mar 10, 2003 8:00 am
Secretary of State**

03-10-2003 90116 005 ***150.00



CR2E034 (10/02)