FILED

Aug 18, 2003 8:00 am Secretary of State

08-18-2003 90174 032 ***158.75

3 FOR PROFIT CORPORATION FORM BUSINESS REPORT (UBR)

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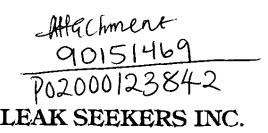
EKERS, INC.





Place of Business Mailing Address **5200 TALISMAN TERRACE** ALISMAN TERRACE -I PORT FL 34286 NORTH PORT FL 34286 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FE! Number Applied For 75-3102188 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEACH, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) **5200 TALISMAN TERRACE NORTH PORT FL 34286** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing **\$5.00** May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Delete LEACH, WILLIAM P NAME NAME **5200 TALISMAN TERRACE** STREET ADDRESS STREET ADDRESS NORTH PORT FL 34286 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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



Leak Detection and Line Locating

5200 Talisman Terrace North Port, FI 34286 Phone - 941-426-4248 Fax - 941-426-3542

Florida Department of State

Enclosed is the Uniform Business Report for Leak Seekers, Inc. together with my check in the amount of \$150.00. When I received this notice, I immediately called the 850 automated phone number as I had never received a first notice. I was told to send in my check for \$150.00 and a short letter stating that the first notice had never been received and that this would be sufficient. I am a new business owner and was totally unaware that I needed to file this report.

Thank you very much.

Sincerely,

William P. Leach, President

Leak Seekers, Inc.

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Thought a statement

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