FILED
May 19, 2003 8:00 am
Secretary of State

04-23-2003 90208 003 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000129056

1. Entity Name
LEAMSON, INC.

[redacted]041720

Principal Place of Business	Mailing Address
24123 PEACHLAND BLVD C4 PORT CHARLOTTE, FL 33954	24123 PEACHLAND BLVD C4 PORT CHARLOTTE, FL 33954

[x] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	c/o Jack O. Hackett, Esq.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 99 Nesbit Street
City & State	City & State Punta Gorda, FL
Zip / Country	Zip 33950 / Country

4. FEI Number 83-0343957 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, SAMUEL W
1049 HARBOUR CAPE PLACE
PUNTA GORDA, FL 33983

7. Name and Address of New Registered Agent

Name: Jack O. Hackett.II
Street Address (P.O. Box Number is Not Acceptable): 99 Nesbit Street
City: Punta Gorda FL Zip Code: 33950

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 [signature] Jack O. HAckett II 5/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: SCOTT, SAMUEL W STREET ADDRESS: 1049 HARBOUR CAPE PLACE CITY-ST-ZIP: PUNTA GORDA, FL 33983	☐ Delete	TITLE: D/P NAME: Scott, Samuel W. STREET ADDRESS: 1049 Harbour Cape Place CITY-ST-ZIP: ~~Punta Gorda, FL 33983~~	[x] Change ☐ Addition
TITLE: VP NAME: SCOTT, HELEN B STREET ADDRESS: 1049 HARBOUR CAPE PLACE CITY-ST-ZIP: PUNTA GORDA, FL 33983	☐ Delete	TITLE: D/VP/S/T NAME: Scott, Helen B. STREET ADDRESS: 1049 Harbour Cape Place CITY-ST-ZIP: ~~Punta Gorda, FL 33983~~	[x] Change ☐ Addition
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CR2E034 (10/02)

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: [signature] Samuel W. Scott 4/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #