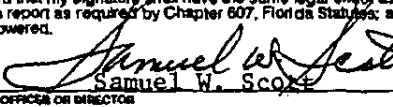


FILED
May 19, 2003 8:00 am
Secretary of State

04-23-2003 90208 003 ***150.00

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

DOCUMENT # P02000129056			
1. Entity Name LEAMSON, INC.			
Principal Place of Business 24123 PEACHLAND BLVD C4 PORT CHARLOTTE, FL 33954		Mailing Address 24123 PEACHLAND BLVD C4 PORT CHARLOTTE, FL 33954	
2. Principal Place of Business		3. Mailing Address c/o Jack O. Hackett, Esq. 99 Nesbit Street	
Suite, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State Punta Gorda, FL	
Zip		Zip 33950	
Country		Country	
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  Jack O. Hackett, II		DATE 5/13/03	
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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P SCOTT, SAMUEL W 1049 HARBOUR CAPE PLACE PUNTA GORDA, FL 33983		D/P Scott, Samuel W. 1049 Harbour Cape Place Punta Gorda, FL 33983	
VP SCOTT, HELEN B 1049 HARBOUR CAPE PLACE PUNTA GORDA, FL 33983		D/VP/S/T Scott, Helen B. 1049 Harbour Cape Place Punta Gorda, FL 33983	
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:  Samuel W. Scott		DATE 4/10/03	