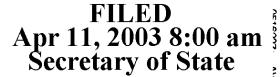
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000057142 **DOCUMENT #**



LEE'S EQUIPME		04-11-2003 90198 036 ***150.00							
Principal Place of Business 2981 RIBBON COURT FT. MYERS FL 33905 US Mailing Address 2981 RIBBON COURT FT. MYERS FL 33905 FT. MYERS FL 33905					, 				
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 6	5-05 15082	Applied For Not Applicable		-
Zip	Country	Zip	Zip Count				\$8.75 Ad Fee Require	5 Additional equired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
an advergenge of the				Name					
WILLIAMS, RUFUS L				,					4
2981 RIBBON COURT				Street Address (P.O. Box Number is Not Acceptable)					Ι.
FT. MYERS FL 339									1
				City FL Zip Code			ie	1	
		ent for the purpose of chan	ging its register	ed office or registe	ered agent, or both, in	the State of Florida. I an	n familiar with.	and accept	1
the obligations of reg	gistered agent.								
SIGNATURE	ped or printed name of registered	agent and title if applicable.	(NOTE: Registere	ed Agent signature requir	ed when reinslating)	DATE	<u> </u>		
FILE NOV	V!!! FEE IS \$150.00 2003 Fee will be \$550	1.00			9. Election	Campaign Financing and Contribution.		00 May Be d to Fees	-
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			RS IN 11	1
TITLE PTD		☐ Dele	te TITL	E	•		Change	☐ Addition	ୀ ହି
	is, rufus l		NAM	E					10
	BBON COURT		STRI	EET ADDRESS					\ <u>\\</u>
CITY-ST-ZIP FT. MYE	RS FL 33905		CITY	'-ST-ZIP] 👸
TITLE VSD		Dele	te TITL	E			☐ Change	☐ Addition	CR2E034 (10/02)
NAME WILLIAM			NAM	tE					1
	BBON COURT		- 1	EET ADDRESS					
CITY-ST-ZIP FT. MYE	RS FL 33905		CITY	'-ST-ZIP]
TITLE	•	☐ Dele	te TITL	E			Change	☐ Addition	
NAME			NAM	IE					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					1
TITLE		Delei					☐ Change	☐ Addition	
NAME	·		NAM		حدرجا والمجلد المحا	ب میبند: منتشرین			
- STREET ADDRESS				ET ADDRESS				•	
CITY-ST-ZIP			■ CITY	-ST-ZIP					1

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 attachagent with an address with all other like empowered.

TITI F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

4-8-03 239-994-1563

☐ Addition

☐ Addition

Change

Change