


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90500 004 ***150.00

FORM 110

DOCUMENT # P95000065121 1. Entity Name LEEPER-HARRIS, INC.	
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Principal Place of Business 123 DOUGLAS ST NEW SMYRNA BEACH FL 32168	Mailing Address 123 DOUGLAS ST NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent KOLODINSKY, RICK 707 E. 3RD AVE NEW SMYRNA BEACH FL 32169	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 59-3329764	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 \$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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE: <input type="checkbox"/> Delete NAME: P HARRIS, EDWARD N STREET ADDRESS: 123 DOUGLAS CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	TITLE: <input type="checkbox"/> Delete NAME: T HARRIS, EDWARD N. STREET ADDRESS: 123 DOUGLAS CITY-ST-ZIP: NEW SMYRNA BCH FL 32168
TITLE: <input type="checkbox"/> Delete NAME: M MARTIN, MEGHAN STREET ADDRESS: 719 PHYLLIS AVE CITY-ST-ZIP: NEW SMYRNA BEACH FL 32168	TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: JEANIE HARRIS STREET ADDRESS: 123 DOUGLAS ST CITY-ST-ZIP: NEW SMYRNA BCH. FL 32168	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ 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)(l), 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: *Meghan Martin* **1-17-03** **386/428-1133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)