

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000030916

FILED
Apr 11, 2003
Secretary of State

Entity Name: PIERRE M. LEMENE EXCHANGE INC.

Current Principal Place of Business:

2811 SW ARCHER RD
#W190
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

2811 SW ARCHER RD
#W190
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 65-0655884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMENE, PIERRE M
2811 SW ARCHER RD #W190
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEMENE, PIERRE M
Address: 2811 SW ARCHER RD #W190
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Delete
Name: LEMENE, JEAN
Address: 2811 SW ARCHER RD W190
City-St-Zip: GAINESVILLE, FL 32608

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEMENE, PIERRE M
Address: 2811 SW ARCHER RD #W190
City-St-Zip: GAINESVILLE, FL 32608

Title: V (X) Change () Addition
Name: LEMENE, JEAN-MAX L
Address: 2811 SW ARCHER RD #W190
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Change (X) Addition
Name: LEMENE, PIERRE L
Address: 2811 SW ARCHER RD #W190
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE L. LEMENE

D

04/11/2003

Electronic Signature of Signing Officer or Director

_____ Date