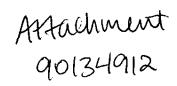
954-722-6442

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

SIGNATURE:

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)									FILED May 15, 2003 8:00 am Secretary of State				
DOCUMENT # P96000044168  1. Entity Name									05-15-2003 90110 016 ***150.00				
LEONARI	O ARONS	ON, INC.											
Principal Place of Business 8045 BUTTONWOOD CIR. TAMARAC FL 33321				Mailing Address 8045 BUTTONWOOD CIR. TAMARAC FL 33321									
2. Principal P	ailing Address	g Address				1 10071001 110 10110 01111 00161 <b>75</b> ]()	BBN11 QB301 BH	## <b>6140</b> 1 11 <b>6</b> 16	01684 <u>1844</u> 1884				
Suite, Apt.	#, etc.		Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	le		Cit	City & State				<b>4</b> . F	65-0674040		<del></del>	pplied For	
Zip	Country		Zip	Zip Co		;ry 5.		5. 0	Dertificate of Status Desired		8.75 Add		
`•'6. Name and Address of Current Registered Agent								7. N	lame and Address of New Reg				
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ARONSON, LEONARD 8045 BUTTONWOOD CIR.						Street A	ddress (F	P.O. Bo	ox Number is Not Acceptable)				
TAMARAC FL 33321													
						City				FL	Zip Code	e	
	named entity tions of registe		statement for the purp	pose of changing it	s register	ed office or	registere	ed age	ent, or both, in the State of Florid		 miliar with, :	and accept	
SIGNATURE .	Signature, typed	or printed name of r	egistered agent and title if ap	plicable. (NO	TE: Registere	ed Agent signate	ure required	when rei	instating)	DATE			
	ILE NOW!!	FEE IS \$1	50.00				<del></del> -		9. Election Campaign Finar	ncina	<b>\$</b> 5.0	<b>0</b> Mav Be	
		3 Fee will be Florida Dep	e \$550.00 ** artment of State	tate					Trust Fund Contribution.	g		to Fees	
10.			CERS AND DIRECTO	ORS	11.				DITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTORS	3 IN 11	
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<ol> <li>I hereby of indicated of the corporated,</li> </ol>	certify that the on this report poration or the or on an atta	information su or supplement e receiver or tr chment with a	upplied with this filing tal report is true and sustee empowered to n address, with all of	does not qualify for accurate and that execute this report this empowered	or the exe my signat t as requir l.	mption stat ture shall hared by Cha	ed in Sec ave the sa pter 607,	ame le Florid	19.07(3)(i), Florida Statutes. I fu egal effect as if made under oat la Statutes; and that my name a	irther certify h; that I am ppears in E	that the in an officer Block 10 or	or director Block 11 if	

TED NAME OF SIGNING OFFICER OR DIRECTOR



## Leonard Aronson, Inc.

May 12, 2003

Florida Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Re:

Leonard Aronson, Inc. 196000044168

2003 Uniform Business Report

Ladies or Gentlemen:

This letter is to respectfully request that you waive the late filing fee for my corporation's 2003 Uniform Business Report (actual report enclosed with this letter, along with check in the amount of \$150.00). I am requesting this extension as my wife, a company officer and bookkeeper, passed away on March 31, 2003 after a long illness. She was the keeper of all of my corporate papers and notices and it wasn't until today that I noticed this form among the papers in her office. I am hopeful that this explanation and my "fairly timely remittance" should be sufficient for you to waive the penalty. I am also hopeful that my past filing records will help you in your decision.

Thank you very much for your understanding in this matter.

Sincerely,

Leonard Aronson

President