

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90002 017 ***150.00

0285486

DOCUMENT # P97000011509

1. Entity Name
LET3, INC.

Principal Place of Business
901 NORTH POINT PKWY
310
WEST PALM BCH FL 33407
US

Mailing Address
901 NORTH POINT PKWY
310
WEST PALM BCH FL 33407
US

942084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11660 SW Albatross Way
 Suite, Apt. #, etc.

3. Mailing Address
11660 SW Albatross Way
 Suite, Apt. #, etc.

City & State
Palm City, FL
 Zip
34990
 Country
USA

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Palm City, FL
 Zip
34990
 Country
USA

4. FEI Number **65-0723928** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JUDY A
901 NORTH POINT PKWY
STE 310
WEST PALM BCH FL 33407

7. Name and Address of New Registered Agent

Name
Judy A Taylor Dye
 Street Address (P.O. Box Number is Not Acceptable)
11660 SW Albatross Way
 City
Palm City **FL** Zip Code
34990

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.

SIGNATURE *Judy A Taylor Dye*

03-31-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST. TAYLOR-DYE, JUDY A 901 NORTHPOINT PKWY STE 310 WEST PALM BCH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Judy A Taylor Dye 11660 SW Albatross Way Palm City FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Judy A Taylor Dye*

03-31-01 561-287-1992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)