

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

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90092 025 ***150.00

DOCUMENT # P970000 45523
1. Entity Name
LEA ENGINEERING AND ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4427 EMERSON ST Suite, Apt. #, etc. BLDG 5 City & State JACKSONVILLE, FL Zip 32207 Country USA		3. Mailing Address PO Box 24653 Suite, Apt. #, etc. City & State JACKSONVILLE, FL Zip 32241 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3450456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LEA, RUSSELL P
Street Address (P.O. Box Number is Not Acceptable) 4427 EMERSON ST
City JACKSONVILLE FL Zip Code 32207

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: *Russell P Lea* DATE: 4/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEA, RUSSELL P 4427 EMERSON ST JACKSONVILLE, FL 32207
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Russell P Lea* DATE: 4/25/02 DAYTIME PHONE #: 904-730-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)