

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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90138 004 \*\*\*150.00

<b>DOCUMENT #</b> P98000002957
<b>1. Entity Name</b> LEIGHTON BROWN ENTERPRISES, INC.

<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>2. Principal Place of Business</b> 1336 WALES DRIVE Suite, Apt. #, etc.	<b>3. Mailing Address</b> SAME Suite, Apt. #, etc.
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<b>City &amp; State</b> FORT MYERS, FL	<b>City &amp; State</b>
<b>Zip</b> 33901-7742	<b>Country</b> USA

<b>4. FEI Number</b> 65-0807950	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> LEIGHTON BROWN	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1336 WALES DRIVE	
<b>City</b> FORT MYERS	<b>FL</b>
<b>Zip Code</b> 33901-7742	

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

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PVPST LEIGHTON BROWN 1336 WALES DRIVE FORT MYERS, FL 33901-7742	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
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**12. 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 10 or as an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Leighton Brown* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 4/29/03 **Daytime Phone #** 235-851-0228

CR2E034B (12/02)