


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91492 026 ***150.00

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

DOCUMENT # P98000058202

1. Entity Name
 Les Williams & Associates, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 P.O. Box 442
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 4050
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Mount Dora, FL

City & State
 St. Augustine, FL

4. FEI Number
 59-3538411

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 Charles E. Hall, PhD

Street Address (P.O. Box Number is Not Acceptable)
 77 Almeria Street
 City St. Augustine FL Zip Code 32084

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  DATE 4/10/03

(NOTE: Registered Agent signature required when reinstating)

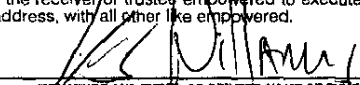
January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST Williams, Edwin L P.O. Box 442 Mount Dora, FL 32756 |
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DO NOT WRITE IN THIS SPACE

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

SIGNATURE:  LES WILLIAMS 4/26/03 752 383 1664

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

CR2E034B (12/02)