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

Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91492 026 ***150.00

DOCUMENT # P98000058202 1. Entity Name Les Williams & Associates, Inc.												
			VRITE	IN THIS		ACE					. '	
2. Principal Place of Business P.O. Box 442				3. Mailing Address P.O. Box 4050				I				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State Mount Dora, FL				City & State St. Augustine, FL				4. FEI Number Applied For 59–3538411 Not Applied be			,	
Zip 32756	Country .			Zip 32085 Country			5. Certificate of Status Desired S8.75 Additional Fee Required				1	
					100	Nome		7. Name	and Address of Current R	egistered Age	ent]
DO NOT WRITE Street A								Charles E. Hall, PhD				
		*** 2 h			4	Street Ac	Idress (F	O. Box	Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		
IN THIS SPACE 1 77 Almeri								a Street				
						City St. Augustine FL Zio Code 32084]
	named entity		s statement for	the purpose of char	nging its reg	istered office or	registere	d agent	t, or both, in the State of Flori	da. I am familia		1
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SIGNATURE	Signature, typed o	r printed name o	of registered agent an	d title if applicable.	(NOTE: Fle	gistered Agent signatu	e required t	when reinst	ating)	DATE		
	nuary 1 - Ma After May 1 'Amended Payarie to	Fee is \$5 UBR is \$6	50.00	State					Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10. TITLE	PVST	OF	FICERS AND D	IRECTORS		mu:		ana di seren	encart patricipalities (Fig. 7)	and recognise to the	g San San (Market) Taran San San San San	
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CITY-ST-ZIP						CTY-ST-ZIF						200
TITLE NAME	1			•		NAME			17.30			CEC CEC
STREET ADDRESS CITY-ST-ZIP						STREET AODRESS : CITY-ST-ZIP						7
	ertify that the	information	supplied with t	his filing does not q	ualify for the	contract and contract of the	d in Sec	tion 119	0.07(3)(i), Florida Statutes. I fu	urther certify th	at the information	88
indicated of the cor attachme	on this report poration or th nt with an add	or supplement e receiver/or ress, with a	ental report is t ir trustee emico Il other like ent	rue and accurate ar wered to execute the powered.	nd that my s his report as	ignature shall ha required by Ch	ve the sa apter 60	ame lega 7. Florida	.07(3)(i), Florida Statutes. I fu al effect as if made under oat a Statutes; and that my name	th; that I am ar e appears in E	officer or director Block 10 or on an	

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