

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000043768**1. Entity Name
LEX & ASSOCIATES, CORP.

Principal Place of Business 11039 NW 8TH CT. PLANTATION FL 33324	Mailing Address 11039 NW 8TH CT. PLANTATION FL 33324
--	--

2. Principal Place of Business 1851 NW 107TH AVENUE	3. Mailing Address 1851 NW 107TH AVENUE
--	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State PLANTATION FL	City & State PLANTATION FL
-------------------------------	-------------------------------

Zip 33322	Country	Zip 33322	Country
--------------	---------	--------------	---------

4. FEI Number 65-0900667	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

6. Name and Address of Current Registered Agent BOX ANTHONY 16TH NW 42ND TERRACE PLANTATION FL 33317 US	7. Name and Address of New Registered Agent Name BOX ANTHONY Street Address (P.O. Box Number is Not Acceptable) 1851 NW 107TH AVENUE City PLANTATION FL Zip Code 33322
--	---

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 **ANTHONY BOX** **04/27/2001**
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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>PSD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BOX ANTHONY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>16TH NW 42ND TERRACE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PLANTATION FL 33317</td><td></td></tr></table>	TITLE	PSD	<input type="checkbox"/> Delete	NAME	BOX ANTHONY		STREET ADDRESS	16TH NW 42ND TERRACE		CITY-ST-ZIP	PLANTATION FL 33317		<table><tr><td>TITLE</td><td>PSD</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>BOX ANTHONY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1851 NW 107TH AVENUE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>PLANTATION FL 33322</td><td></td></tr></table>	TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BOX ANTHONY		STREET ADDRESS	1851 NW 107TH AVENUE		CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	PSD	<input type="checkbox"/> Delete																							
NAME	BOX ANTHONY																								
STREET ADDRESS	16TH NW 42ND TERRACE																								
CITY-ST-ZIP	PLANTATION FL 33317																								
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	BOX ANTHONY																								
STREET ADDRESS	1851 NW 107TH AVENUE																								
CITY-ST-ZIP	PLANTATION FL 33322																								
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

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: **Anthony Box** **Psd** **04/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)