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SECRETARY OF STATE TALLAHASSEE, FLORIDA

HAWTHORNE	FL 32640	HAWTHORNE FL 32640		İ			
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2. Principal P	Place of Business	3. Mailing Address	SR 20	,		18811 18881 BIGH 8	1999 1131 1991
Suite, Apt.	# 5K &C	1876 A 5	or ac		DO NOT WRITE IN THIS	CDACE	
ouite, Apt.	#, Glo.	Suite, Apr. #, etc.			DO NOT WATE IN THIS	SPACE	
City & State Hawthome Floring Hawthor				nd,	4. FEI Number 59-3604994	No	plied For t Applicable
326	540 Putnam	32640	Country Put nav	v) 5	5. Certificate of Status Desired	\$8.75 Addi	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
Name							
BARABAS, RUSSELL: J					P.O. Box Number is Not Acceptable)		
_1876 A 5K 20 Street Address (P.O. Box Number is Not Acceptable)							
HAWTHORNE FL 32640							
City					FL Zip Code		
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							
- 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 FILE NOW!!! FEE IS \$550.00					10 Floation Campaign Figureina	ec 0 (
Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$75					10. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
(See criteria on back) Make Check Payable to Department of State							
11.		ID DIRECTORS	. 12.	·	ADDITIONS/CHANGES TO OFFICERS AND		S IN 11
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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 reagried 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: 4

2002 UNIFORM BUSINESS REPORT (UBR)

P99000077543

Mailing Address

1876 HIGHWAY 20

DOCUMENT#

Principal Place of Business

1876 HIGHWAY 20

RJ LEATHERWORKS, INC.

1. Entity Name

CR2E034 (4/02)

Attach Ment 19900007543

R. J. Leatherworks, Inc., Attn: Russell J. Barabas 1876 A. SR 20 Hawthorne, Fl. 32640 Tel. (352) 481-3367

July 23, 2002

Florida Department Of State Division of Corporations P.O. Box 1500 Tallahassee, Fl. 32302-1500

Re: 2002 Uniform Business Report - Hardship Request for waiver of late filing fee.

Dear Florida Division Of Corporations,

This request for a waiver of the above referenced late filing fee is a result of the telephonic advice received from your office.

During the spring and early summer of year 2002, the undersigned officer suffered a series of potentially life threatening illnesses. He spent considerable time hospitalized being treated for, among other things, high blood pressure, pancreitis and suspected severe coronary disease. He was prescribed lengthy bed rest until recently.

Due to these medical conditions, he was only

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R. J. Leatherworks, Inc. Spr. 7 199000077543 Page 02 of 02

recently able to return to work. As such, he requests the Division Of Corporations waive the late filing fee! penalty for the related 2002 Corporate Uniform Business Report. This late fee/penalty would effectuate an additional financial hardship as this business has suffered greatly during this period of illness.

your assistance in this matter is greatly appreciated! Please notify me at the above address or telephone number it additional communication is needed.

Sincerely,

Russell J. Barabas (President)

Enclosures: 2002 Uniform Business Report (Document # 99000077543) Check # 1427 - for \$150.00 filing fee.