2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90972 008 ***150.00

DOCUMENT # J91357

1. Entity Name
LEE SIDE SERVICES, INC.

Principal Place of Business	Mailing Address
11930 FAIRWAY LAKES DR. STE 2 FT.MYERS FL 33913 US	11930 FAIRWAY LAKES DR. STE 2 FT.MYERS FL 33913 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11930 Fairway Lakes Dr	11930 Fairway Lakes Dr
Suite, Apt. #, etc.: Suite #2	Suite, Apt. #, etc.: Suite #2
City & State: Ft Myers FL	City & State: Ft Myers FL
Zip: 33913 Country: USA	Zip: 33913 Country: USA

4. FEI Number 65-0005567 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOCKERY, SAMUEL
11930 FAIRWAY LAKES DR.
STE 2
FT MYERS FL 33913

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOCKERY, SAMUEL E.	NAME	
STREET ADDRESS	11930 FAIRWAY LAKES DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33913	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Samuel E. Dockery 04/25/01 941-768-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)