I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. 01/04/2017 PRESIDENT

SIGNATURE: PATRICIA A LEE

Electronic Signature of Signing Officer/Director Detail

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:

Officer/Director Detail :			
Title	D	Title	Р
Name	LEE, GORDON E	Name	LEE, PATRICIA A
Address	4750 COVE CIRCLE # 802	Address	4750 COVE CIRCLE # 802
City-State-Zip:	ST. PETERSBURG FL 33708	City-State-Zip:	ST. PETERSBURG FL 33708

LEE, PATRICIA A 4750 COVE CIRCLE # 802 ST. PETERSBURG, FL 33708 US

## **Current Mailing Address:**

### # 802

# Entity Name: G.E. LEE ENTERPRISES, INC.

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

4750 COVE CIRCLE # 802 ST. PETERSBURG, FL 33708

**DOCUMENT# 592611** 

4750 COVE CIRCLE ST. PETERSBURG, FL 33708 US

## FEI Number: 59-1913313

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CC7039388732

FILED Jan 04, 2017

Secretary of State

Certificate of Status Desired: No

Date

Date