

3/28

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90209 026 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 342128

1. Entity Name

LEE PRINTING, INC.

Principal Place of Business

1641 LONDON AVE  
JACKSONVILLE FL 32207

Mailing Address

1641 LONDON AVE  
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-1232903

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE JR, ALBERT  
4860 EMPIRE AVE  
JACKSONVILLE FL 32207

Name

Donald R. Lee

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

1720 River Bluff Rd., N.

Jacksonville, FL 32211

City

Jacksonville, FL

FL

Zip Code  
32211

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

Signature, typed or printed name of registered agent and title if applicable.

Donald R. Lee, President

4/6/01

DATE

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

TITLE	DST	<input type="checkbox"/> Delete
NAME	LEE, DOROTHY JUNE	
STREET ADDRESS	4860 EMPIRE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 0	

TITLE	VD	<input type="checkbox"/> Delete
NAME	LEE, DONALD RAYMOND	
STREET ADDRESS	11530 SEDGEMORE DR., S.	
CITY-ST-ZIP	JACKSONVILLE, FL 0	

TITLE	VD	<input type="checkbox"/> Delete
NAME	LEE, ROBERT DARRAL	
STREET ADDRESS	2406 FRONTERA CR	
CITY-ST-ZIP	JACKSONVILLE, FL 0	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEE JR, ALBERT	
STREET ADDRESS	4860 EMPIRE AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 0	

TITLE	ASD	<input type="checkbox"/> Delete
NAME	LEE, RICHARD ANDREW	
STREET ADDRESS	1134 SALT CREEK DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee, Donald Raymond	
STREET ADDRESS	1720 River Bluff Rd., N.	
CITY-ST-ZIP	Jacksonville, FL 32211	

TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee, Robert Darral	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee, Richard Andrew	
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

Date

904-396-5715

Daytime Phone #

CR2E034 (10/00)