2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

3603 S.W. PITCH WAY

PALM CITY FL 34990

DOCUMENT

369978

1. Entity Name LEE CORT, INC.

Principal Place of Business

2. Principal Place of Business

3603 S.W. PITCH WAY

PALM CITY FL 34990

Suite, Apt. #, etc.

City & State

Zip



4.

5.

FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90143 003 ***150.00

☐ CHECK HERE IF MAKING CHA	ANGES .		
FEI Number 59-1306700	Applied For		
38-1300700 .	Not Applicable		
Certificate of Status Desired S8.75 Additional Fee Required			
Name and Address of New Registered Agen	t		

b. Hame and Address of Cartest Hegistered Agent	7. Name and Address of New Ne	gistered Agent		
	Name			
CORT,LEON	1			
3603 S.W. PITCH WAY	Street Address (P.O. Box Number is Not Acceptable)			
PALM CITY FL 34990				
	City	Zip Code		

Country

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

6 Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

Trust Fund Contribution.

9. Election Campaign Financing

\$5.00 May Be Added to Fees

	0550505 AND GUTTOTO				
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D BUNTROCK, MARVIN 1400 S FEDEAL HWY POMPANO BCH FL	☐ Delete	TITLE , NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CORT, KATHLEEN 3603 S.W. PITCH WAY PALM CITY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD - CORT, LEON 3603 S.W. PITCH WAY PALM CITY FL	·· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY_ST_7IP	☐ Change	☐ Addition

12. 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an additional managed of the corporation of the corporation of the corporation of the receiver of the r

SIGNATURE:

JAn7,2003