

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 438550

1. Entity Name

JAMES E. LEE, INC.

FILED

01 JUL 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
110 N POPLAR AVE
PO BOX 1583
SANFORD FL 32771

Mailing Address
110 N POPLAR AVE
PO BOX 1583
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1486761

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, JAMES E
110 N POPLAR AVE
SANFORD FL

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

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 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 PD
NAME LEE, JAMES E
STREET ADDRESS 110 N POPLAR AVE
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE STD
NAME LEE, VIVIAN J
STREET ADDRESS 110 N POPLAR AVE
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE VD
NAME LEE, DAVID E.
STREET ADDRESS 110 N POPLAR AVE
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE VD
NAME LEE, DANNY J
STREET ADDRESS 110 N POPLAR AVE
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE VD
NAME LEE, DUANE R.
STREET ADDRESS 110 N POPLAR AVE
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
40000448874-7
-07/23/01--01014--016
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment Doc # 438550

JAMES E. LEE, INC.

110 N. Poplar Avenue
Sanford, Florida 32771
(407) 322-1936

7-5-01

GENTLEMEN:

Due to much family illness, I have not been able to do my work or my paperwork in a timely manner.

I REALIZE this report is late, but at this point I cannot afford to pay the penalty.

I would like, after all these years, to keep my corporation, but AS A very small business, I am struggling to stay afloat!

Sincerely

James E. Lee