

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90068 043 ***150.00

DOCUMENT # 500165

1. Entity Name
LEE-HOWARD ENTERPRISES, INC.



Principal Place of Business

**430 LAURA LANE
21815 KING JOHN ST
MT DORA FL 34748**

Mailing Address

**PO BOX 915
MT DORA FL 32756
US**

2. Principal Place of Business

21815 KING JOHN ST

3. Mailing Address

21815 KING JOHN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

LEESBURG FL

4. FEI Number

59-1656482

Applied For

Not Applicable

34748

Country

LAKE USA

City & State

34748 USA

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SEMENTO, LAWRENCE J.
531 NORTH BAY STREET
EUSTIS FL 32726**

7. Name and Address of New Registered Agent

Name
Stone, Lewis W.

Street Address (P.O. Box Number is Not Acceptable)
4850 N. Highway 19A

City
Mount Dora

FL

Zip Code
32757

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

Lewis W. Stone

1/27/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
GOULET, ANNIE
21815 KING JOHN ST
LEESBURG FL 34748** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GOULET, KEITH H
21815 KING JOHN ST.
LEESBURG FL 34743** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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 empowered 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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 2/3/03 352 516-0634

Date

Daytime Phone #

CR2E034 (10/02)