

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90228 007 \*\*\*150.00

0134733 AV

DOCUMENT # **674253**

1. Entity Name  
**W.C. LEE, INC.**



Principal Place of Business  
**6350 9TH ST. S.W.  
VERO BEACH FL 32968**

Mailing Address  
**PO BOX 572  
VERO BEACH FL 32961**



2. Principal Place of Business  
**2101 15th Ave**

3. Mailing Address  
**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**VERO BEACH, FL.**

City & State

4. FEI Number  
**59-2007241**

Applied For  
Not Applicable

Zip  
**32960**

Country  
**INDIAN RIVER**

Zip  
Country

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

**FANARO, RONALD S., ESQ  
3621 20TH STREET  
VERO BEACH FL 32960**

Name  
**Christopher C. Campione**

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

**80 Royal Palm Pointe, Unit 301**  
City **VERO BEACH** FL Zip Code **32960**

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 **Christopher C. Campione**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/9/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LEE, WILLIAM C.  
4570 2ND STREET  
VERO BEACH FL**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**815 32nd Ave  
Vero Beach, Fl. 32960**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
LEE, NANCY  
4570 2ND STREET  
VERO BEACH FL**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**815 32nd Ave  
Vero Beach, Fl. 32960**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
LEE, WILLIAM C II  
5241 CEDAR LAKE RD, 4211  
BOYNTON BCH FL**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1426 Arthur Ave  
Ft. Myers, Fl. 33901**  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-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  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: **Nancy U Lee** **NANCY U LEE** **4-7-03** **772-567-1728**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)