

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F60748

1. Entity Name
LEE WOODS ENTERPRISES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90014 002 ***150.00

Principal Place of Business
13700 PARK BLVD.
SEMINOLE FL 33776
US

Mailing Address
13700 PARK BLVD.
SEMINOLE FL 33776
US

643649



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10377-125 ST N.
Suite, Apt. #, etc.

3. Mailing Address
10377-125 ST N.
Suite, Apt. #, etc.

City & State
Largo, FL.
Zip
33778
Country
Pinellas

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Largo, FL.
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4. FEI Number 59-2147833
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
WOODS, LEE
13700 PARK BLVD.
SEMINOLE FL 33776

7. Name and Address of New Registered Agent
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 *Lee Woods*
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 NAME STREET ADDRESS CITY-ST-ZIP	PST WOODS, LEE 13700 PARK BLVD. SEMINOLE FL 33776 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lee Woods*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President
Date 4/20/01
Daytime Phone # 727-709-7998

CR2E034 (10/00)