

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G25887

1. Entity Name

LEE'S SHEET METAL & AIR CONDITIONING, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90003 032 ***150.00

Principal Place of Business

Mailing Address

2 MASTERS ST.
PO BOX 756
EAST PALATKA FL 32131-0756

2 MASTERS ST.
PO BOX 756
EAST PALATKA FL 32131-0756

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

59-2258084

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

HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE, 1 INDEPENDENT DR.
JACKSONVILLE FL 32202

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, 2000 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 ☐ Delete
NAME LEE, JAMES D
STREET ADDRESS 2 MASTERS DR.
CITY-ST-ZIP E. PALATKA FL

TITLE ST ☐ Change ☒ Addition
NAME LEE, ANNETTE
STREET ADDRESS 2 MASTERS DR.
CITY-ST-ZIP E. PALATKA, FL.

TITLE ST ☒ Delete
NAME PAINTER, ROGER W.
STREET ADDRESS 2 MASTERS DR.
CITY-ST-ZIP E. PALATKA FL 32131

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Annette Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00
Date

904-328-5563
Daytime Phone #

CR2E034 (9/99)