

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G25887

1. Entity Name

LEE'S SHEET METAL & AIR CONDITIONING, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90138 026 ***150.00

Principal Place of Business

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

Mailing Address

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

UUUUUUUJ



DO NOT WRITE IN THIS SPACE

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, 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 D
STREET ADDRESS 2 MASTERS DR.
CITY-ST-ZIP E. PALATKA FL

☐ Delete

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

☒ Change ☐ Addition

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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: ANNETTE LEE, ST *Annette Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 904-328-5563

Date

Daytime Phone #

CR2E034 (10/00)