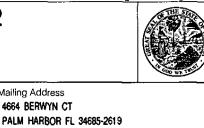
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## G47322 DOCUMENT #

1. Entity Name

LEE REALTY OF PINELLAS, INC.



**FILED** Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90151 003 \*\*\*150.00

Principal Place of Business 15500 N EVERGREEN THE LANDINGS 2E SUITE A CLEARWATER FL 34622 US		Mailing Address 4664 BERWYN CT PALM HARBOR FL 34685-2619 ·US					
2. Principal Place of Business		3. Mailing Address		1 1001111 0011 01011 110	JB-0 1141 0 1181 0 1101 0101 01141 01141 1		11 01011 (84)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-23	03576		ied For
Zip	Country	Zip Country		5. Certificate of Status D	esired $\square$ \$8.	.75 Additi-	Applicable onal
	6. Name and Address of Current	7. Name and Address o	f New Registered Ager	nt			
LEE OU	MI FO D III		Name		<del></del>		
LEE, CHA 4664 BER		Street Address (		P.O. Box Number is Not Acceptable)			
	RBOR FL 34685-2619					102	
			City	<del></del>	FL	Zip Code	
8. The above the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regist	tered agent, or both, in the Sta	ite of Florida. I am famil	iar with, an	d accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered Agent signature requi	ired when reinstating)	DATE		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Camp Trust Fund Cor		<b>\$5.00</b> Added to	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIF	ECTORS I	N 11
TITLE TAME STREET ADDRESS CITY-ST-ZIP	PDST LEE, CHARLES R III. 4464 BERWYN CT PALM HARBOR FL 34685-2619	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			Change	Addition .
TITLE .	Y P	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				{
TITLE		. Delete	TITLE			Change (	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition
CITY-ST-ZIP			CITY-ST-ZIP	<del></del>			
TITLE NAME		☐ Delete	TITLE NAME		IJ	Change (	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change [	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling 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:

SCHATURE PROLETEDCHARLES RLEETI