

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90245 006 ***158.75

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1. Entity Name
LEE'S COUNTRY PLUS, INC.



Principal Place of Business
**5929 - 14TH ST., W.
BRADENTON FL 34207
US**

Mailing Address
**P.O. BOX 20124
BRADENTON FL 34204**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2316908**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

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

**LEE, MARGARET A.
6920 18TH AVE E
BRADENTON FL 34208**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **DST** Delete
NAME **LEE, MARGARET A.**
STREET ADDRESS **6920 18TH AVE E**
CITY-ST-ZIP **BRADENTON FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** Delete
NAME **LEE, ANTHONY C.**
STREET ADDRESS **3680 PAYNE RD**
CITY-ST-ZIP **GNA FL 33865**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **MAYKKA City Fl 34251**

TITLE **D** Delete
NAME **LEE, LINDA M.**
STREET ADDRESS **2211 E. ANNIE**
CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVPS** Delete
NAME **MCCONNELL, DEBORAH M.**
STREET ADDRESS **7876 S LEE WYNN PALCE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **LEE, THOMAS F**
STREET ADDRESS **7876 S LEE WYNN PLACE**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Margaret A. Lee* **MARGARET A. Lee** **3-21-03** **941-747-4405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)