

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90041 003 ***150.00

DOCUMENT # G78629

1. Entity Name

DAVID B. LEE, JR., & ASSOCIATES, CHARTERED

Principal Place of Business

**767 BLANDING BLVD
110
ORANGE PARK FL 32065
US**

Mailing Address

**767 BLANDING BLVD
110
ORANGE PARK FL 32065
US**

2. Principal Place of Business

3. Mailing Address

1401 Kingsley Ave

1409 Kingsley Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1A

PO Box 400

City & State

City & State

ORANGE PARK FL

ORANGE PK FL 32073

Zip

Country

Zip

Country

32073 Clay

32067 Clay

4. FEI Number **59-2348332**

Applied For

Not Applicable

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, DAVID B., JR.

767 BLANDING BLVD, 1409 Kingsley Ave

110 Suite 1A

ORANGE PARK FL 32065 32073

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 **PST**
NAME **LEE, DAVID B., JR.**
STREET ADDRESS **767 BLANDING BLVD 110**
CITY-ST-ZIP **ORANGE PARK FL 32073**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)