

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91604 010 ***150.00

DOCUMENT # G80180

1. Entity Name

LEES DEVELOPMENT COMPANY, INC.

Principal Place of Business

700 SOUTH STATE ST
 BUNNELL FL 32110
 US

Mailing Address

P O BOX 159
 P O BOX 159
 BUNNELL FL 32110-747
 US

2. Principal Place of Business

1316 South State St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BUNNELL FL

City & State

Zip

32110

Country

FLAGLER

Country

4. FEI Number

59-2359378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEES, GEORGE R.
 700 SOUTH STATE ST
 BUNNELL FL 32110

7. Name and Address of New Registered Agent

Name LEES, GEORGE R.
 Street Address (P.O. Box Number is Not Acceptable)
 1316 SOUTH STATE ST.
 BUNNELL
 City FL Zip Code 32110

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

4-18-02

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, 2002 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

TITLE TS
 NAME LEES, GEORGE ☒ Delete
 STREET ADDRESS 3540 JOHN ANDERSON
 CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME LEES, GEORGE ADDRESS
 STREET ADDRESS 3540 JOHN ANDERSON
 CITY-ST-ZIP ORMOND BEACH FL 32176-2114

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

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

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

TITLE ☐ Change ☐ Addition
 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-02

386-437-9180

CR2E034 (9/01)