## FILED 2003 FOR PROFIT CORPORATION Apr 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** G80180 DOCUMENT # 1. Entity Name 04-07-2003 91015 030 \*\*\*150.00 LEES DEVELOPMENT COMPANY, INC. Principal Place of Business Mailing Address 1316 SOUTH STATE ST. P O BOX 159 P O BOX 159 BUNNELL FL 32110 BUNNELL FL 32110-747 LIS 2. Principal Place of Business 3. Mailing Address 1300 South State St Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES BUNNEL City & State City & State Applied For 4. FEI Number 59-2359378 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П 32110 Fee Required ADDRESS CHANGE Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEES. GEORGE R. Street Address (P.O. Box Number is Not Acceptable) 1316 SOUTH STATE ST. 1300 South State **BUNNELL FL 32110** Zip\_Code BUNNELL 33 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003' Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME LEES, GEORGE STREET ADDRESS STREET ADDRESS 3540 JOHN ANDERSON CITY-ST-7IP CITY-ST-7IP ORMOND BEACH FL 32176-2114 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP: CITY-ST-ZIP TITLE Delete Change Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

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.

CITY-ST-7IP

NAME

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

GEORGERLEES 4-2-03

CR2E034 (10/02)