

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J51833**

1. Entity Name

ED LEE ALUMINUM CONTRACTOR, INC.**FILED**
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90029 045 ***150.00

00012805



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
400 N. CENTRAL AVENUE AVON PARK FL 33825	400 N. CENTRAL AVENUE AVON PARK FL 33825

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3215 W Oneida Rd Suite, Apt. #, etc.

City & State	City & State
	AVON PARK FL
Zip	Country
33825	

4. FEI Number	59-2765452	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEE, JAMES EDWARD 3215 W. ONEIDA RD AVON PARK FL 33825

7. Name and Address of New Registered Agent
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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, JAMES EDWARD	
STREET ADDRESS	3215 W. ONEIDA RD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEE, ELLEN M.	
STREET ADDRESS	3215 W. ONEIDA RD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEE, ROBERT D.	
STREET ADDRESS	1925 N HARTMAN RD	
CITY-ST-ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: Ellen M. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-30-01 (863)-453-3306
Date Day and Phone #

CR2E034 (10/00)