

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0136559 AT

DOCUMENT # J51833

1. Entity Name
ED LEE ALUMINUM CONTRACTOR, INC.



FILED

03 SEP 22 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
3215 W ONEIDA ROAD
AVON PARK FL 33825



2. Principal Place of Business

3. Mailing Address
4619 STURGEON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SEBRING FL

City & State

City & State

4. FEI Number 59-2765452

Applied For
Not Applicable

Zip

Country

Zip
33870

Country
HIGHLAND

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, JAMES EDWARD
3215 W. ONEIDA RD
AVON PARK FL 33825

Name
LEE, JAMES EDWARD
Street Address (R.O. Box Number is Not Acceptable)
4619 STURGEON DR.
City
SEBRING FL Zip Code
33870

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 \$550.00

After September 10, 2003 Fee will be \$750.00
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
NAME PD
STREET ADDRESS LEE, JAMES EDWARD
CITY-ST-ZIP 3215 W. ONEIDA RD
AVON PARK FL ☐ Delete

TITLE
NAME PD
STREET ADDRESS LEE, JAMES EDWARD
CITY-ST-ZIP 4619 STURGEON DR.
SEBRING FL ☒ Change ☐ Addition

TITLE
NAME STD
STREET ADDRESS LEE, ELLEN M.
CITY-ST-ZIP 3215 W. ONEIDA RD
AVON PARK FL ☐ Delete

TITLE
NAME STD
STREET ADDRESS LEE, ELLEN M.
CITY-ST-ZIP 4619 STURGEON DR.
SEBRING FL ☒ Change ☐ Addition

TITLE
NAME VD
STREET ADDRESS LEE, ROBERT D.
CITY-ST-ZIP 1925 N HARTMAN RD
AVON PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 800023369418
09/28/03--01083--009 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

SIGNATURE: Ellen M. Lee REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-03

Date

Daytime Phone #

CR2E034 (4/03)