

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90785 001 ***150.00

DOCUMENT # J65532

1. Entity Name

LEE'S CUSTOM EXHAUST SHOP, INC.

Principal Place of Business

% PERRELLA, KILE & CO.

1000 W. MCNAB RD.

POMPANO BCH FL 33069

Mailing Address

% PERRELLA, KILE & CO.

1000 W. MCNAB RD.

POMPANO BCH FL 33069

2. Principal Place of Business

PERRELLA & ASSOCIATES
555 S. POWERLINE ROAD

3. Mailing Address

PERRELLA & ASSOCIATES
555 S. POWERLINE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

59-2794933

Applied For

Not Applicable

5. 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

KILE, LARRY

1000 W. MCNAB ROAD

POMPANO BEACH FL 33069

Name

Street Address (P.O. Box Number is Not Acceptable)

555 S. POWERLINE ROAD

City

POMPANO BEACH

FL

Zip Code
33069

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]

LARRY KILE CPA

1-14-02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
 NAME **LEE, KEVIN W.**
 STREET ADDRESS **1000 W. MCNAB RD.**
 CITY-ST-ZIP **POMPANO BCH FL**

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **LEE, KEVIN W.**
 STREET ADDRESS **555 S. POWERLINE ROAD**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **VD** ☒ Delete
 NAME **LEE, KEVIN W.**
 STREET ADDRESS **1000 W. MCNAB RD.**
 CITY-ST-ZIP **POMPANO BCH FL**

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

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

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

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] **Kevin W Lee**

3/28/02

825-837-9675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)