

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J65933

1. Entity Name
LI BI HO, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90001 050 ***550.00

Principal Place of Business

ROUTE 3, BOX 475
PERRY FL 32347

Mailing Address

ROUTE 3, BOX 475
PERRY FL 32347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3030 Foley Rd

Suite, Apt. #, etc.

3. Mailing Address

3030 Foley Rd

Suite, Apt. #, etc.

City & State

Perry FL 32348

Zip

32348

Country

Taylor

City & State

Perry FL

Zip

32348

Country

Taylor

4. FEI Number

59-2935891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

LEE, FAYE
ROUTE 3, BOX 475
PERRY FL 32347

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

VP
LEE, BUDDY
ROUTE 3, BOX 475
PERRY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

PD
LEE, FAYE
ROUTE 3, BOX 475
PERRY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

ST
LEE, RODNEY
RT3 BOX 475
PERRY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/01

850-584-6550

Date

Daytime Phone #

CR2E034 (5/01)