

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91206 039 ***150.00

DOCUMENT # **565933**

1. Entity Name **Li Bi Ho Inc**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3030 Foley Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Perry FL

City & State

4. FEI Number

59-2935891

Applied For

Not Applicable

Zip **32348**

Country

Taylor

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Faye Lee

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

3685 Perry Lee Rd

City

Perry

FL

Zip Code

32348

**DO NOT WRITE
IN THIS SPACE**

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

Faye Lee

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-2502

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **Faye Lee**
NAME
STREET ADDRESS **3685 Perry Lee Rd**
CITY-ST-ZIP **Perry FL 32348** **P/D**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Jamas W. Lee**
NAME
STREET ADDRESS **3600 Perry Lee Rd**
CITY-ST-ZIP **Perry FL 32348** **V**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Rodney B. Lee**
NAME
STREET ADDRESS **3535 Perry Lee Rd**
CITY-ST-ZIP **Perry FL 32348** **S/T**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Faye Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

Daytime Phone #

850-584-6550

CR2E034B (12/01)