2001 AL REPORT (AR)

DOCUME

d502

1. Entity Name

FRED LEE & ASSOCIATES, INC.



FILED Apr 21, 2008 08:00 AN Secretary of State

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Puncipal Plan	te of Business	Mailin	Mailing Address			7							
% FRED LE		% FR	% FRED LEE										
	ON PLAZA #: TE SPRINGS F		375 E	375 EMERSON PLAZA #516 ALTAMONTE SPRINGS FL 32701									
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2. Principal F	Place of Busine	ss - No P.O. Box #	3. Mail	ing Address		***************************************	-	819111 BIS BIS 18161 BIS 3	alia iiai afali 2(8	il 0)9)) Miæti 0(0)i		41 1	
- •													
Suite, Apt	#. etc.	Suite	Suite, Apt. #, etc.				st MOORE	CB2E03	34 (10/07)				
							3.4133.						
City & Stat	te	City	City & State			4. FEI Number S9-2995993 Applied For							
7.0			Zip							Not Appl			
Zip	Zip Country				try	5. Certificate	e of Status Desired	ı 🗆	\$8.75 A		J .		
	6. Name a	nt Registere	Registered Agent			7. Name and Address of New Registered Agent							
- Saliani Ingliani a inglia						Name							
LEE, FRED				-			Street Address (P.O. Box Number is Not Acceptable)						
375 EMERSON PLAZA				Street									
#516 ALTAMONTE SPRINGS FL 32701													
ALI	ANOINI L	701			City				■ Zip Co				
								F	L '				
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.													
me obligat	lions or register	ed agent.											
SIGNATURE .	SIGNATURE												
		printed Game of registered age	ntand stell fangi	cable (NOT)	Registere	a Ager I signoturn require	a when remetating		DATE				
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be											D.		
After	May 1, 2008	Fee Will Be \$550.0	0					Trust Fund C			ded to F		
atabed to be as	k Payable to I	Florida Department	i i ,				·····						
10.	76	OFFICERS AN	D DIRECTOR		11.		ADDITIONS	CHANGES TO O	FFICERS AN				
TITLE NAME	LEE, FRED			Delete	TITLE NAMI	I				Change	م 🗀 د	Addition	
	1 '				ET ADORESS	U00000914022							
City ST-ZIP ALTAMONTE SPGS FL 32714					-ST-ZIP	ม5/ 08/08-80038- 028 158.7%			3,75				
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CITY-ST-ZIP						E" ADDRESS ST- ZIP							
	certify that the	information supplied w	mb this files	dogs not pusify (od in Caston 44	D Florido Ctou	I fortant	and if a short of	n interes-	ation:	
indicated	on this report of	mormation subclied w or supplemental report	is true and a	courate and that n	אונים פא iy signat	emotions containe ure shall have the	same legal effe	is, ricilua Statutes ict as if made unde	s, i turther ce er oath; that	anny mat the Lam an offic	≠ imorma er or dir∈	uion actor	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under calls; that I am an efficer 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08

401 188.7821