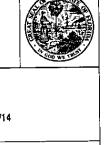
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

K68502 **DOCUMENT #**

1. Entity Name

FRED LEE & ASSOCIATES, INC.



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90039 006 ***150.00

Principal Place of Business % FRED LEE 505 VIA DELL ORO #202 ALTAMONTE SPRINGS FL 32714		Mailing Address % FRED LEE 505 VIA DELL ORO #202 ALTAMONTE SPRINGS FL 32714								
2. Principal Place of Business		3. Mailing Address				E INDERNIAL BAN DEANI ANIMA MERILI MATA		41511 8 8 6	BB3 ULULI III 51	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	4. FEI Number 59-2995993 Applied For Not Applicable				
Zip	Country	Zip		Country	5. (Certificate of Status Desired		8.75 Addee Require		
·	6. Name and Address of Current	Registered A	gent		7. N	lame and Address of New Re	gistered Aç	jent		
	V. 132110 U.L. 132100			Name						
LEE, FRED 505 VIA DELL ORO				Street Add	Street Address (P.O. Box Number is Not Acceptable)					
#202	ELL UNU						·			
ALTAMONTE SPRINGS FL 32714				City		FL Zip Code			e	
8. The above the obligation SIGNATURE	named entity submits this statement fons of registered agent. Signature, typed or printed name of registered agent.			gistered office or re			DATE	miniai witi i		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State				9. Election Campaign Fine Trust Fund Contribution	s. 🗆	Adde	00 May Be d to Fees	
10.	OFFICERS ANI	DIRECTORS		11.	AE	DITIONS/CHANGES TO OFFI	CERS AND			l ଲ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, FRED 505 VIA DELL ORO #202 ALTAMONTE SPGS FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, AURA 505 VIA DELL ORO 3202 ALTAMONTE SPGS FL		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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TITLE			☐ Delete	TITLE				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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Addition

Change