

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90065 041 \*\*\*150.00

0033156  
AV**DOCUMENT # L05506****1. Entity Name**  
**LEE'S AUTO SERVICE, INC.****Principal Place of Business****%HERBERT L. TATHAM**  
**5400 KEN ROAD**  
**JACKSONVILLE FL 32244****Mailing Address****%HERBERT L. TATHAM**  
**5400 KEN ROAD**  
**JACKSONVILLE FL 32244****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number 59-2972015**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****TATHAM, HERBERT L**  
**5400 KEN ROAD**  
**JACKSONVILLE FL 32244****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 \$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****TITLE** **D** ☐ Delete  
**NAME** **TATHAM, HERBERT L**  
**STREET ADDRESS** **8060 COLLINS RD**  
**CITY-ST-ZIP** **JACKSONVILLE FL****TITLE** **V** ☐ Delete  
**NAME** **TATHAM, BURNICE E.**  
**STREET ADDRESS** **8060 COLLINS RD**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32244****TITLE** ☐ Delete  
**NAME** **TATHAM, Herbert L. Jr**  
**STREET ADDRESS** **8061 Collins Rd.**  
**CITY-ST-ZIP** **Jacksonville, FL 32244****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **Director President** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **Director Vice President** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **Director Secretary** ☐ Change ☒ Addition  
**NAME** **Herbert L. Tatham Jr**  
**STREET ADDRESS** **8060 Collins Road**  
**CITY-ST-ZIP** **Jacksonville, FL 32244****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**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:** *Herbert L. Tatham Jr President*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****2-20-02 904-7788417**  
**Date Daytime Phone #**

CR2E034 (9/01)