2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # M68933** 1. Entity Name LEE FRANCES, INC. 02-01-2000 90043 012 \*\*\*150.00 Mailing Address Principal Place of Business C/O DONNA MILLER FURR C/O DONNA MILLER FURR 146 S NOVA RD. STE H/RIVERGATE SHOPPING 146 S NOVA RD. STE H/RIVERGATE SHOPPING 809589 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174-6115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2877925 .∟الترتِ≏ Not A Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FURR, DONNA J **409 ALEATHA DRIVE** DAYTONA BEACH FL 32114 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 (NOTE: Registered Agent signature re FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **PST** TITLE Delete TITLE Donna J. Furr FURR, DONNA J NAME NAME 144 5 NOVE Rd STREET ADDRESS STREET ADDRESS 202 TIMBERLINE TR. CITY-ST-7IP CITY-ST-ZIP **ORMOND BEACH FL 32174** Ormond Beach Fl ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_ · · · · ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [7] Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 directly 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 changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: L

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR