

2002

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90065 028 ***150.00

DOCUMENT # *M806001*

1. Entity Name

JULIUS LEES CONSULTING ENGINEERS

DO NOT WRITE IN THIS SPACE

B0051373

2. Principal Place of Business
15880 WEATHERLY ROAD3. Mailing Address
C/O MCGRATH & MEYERS PA

Suite, Apt. #, etc.

5725 CORPORATE WAY #101

DO NOT WRITE IN THIS SPACE

City & State
WELLINGTON, FLCity & State
WEST PALM BEACH, FL4. FEI Number
65-0055040Applied For
Not ApplicableZip
33414Country
PALM BEACHZip
33407Country
PALM BEACH5. Certificate of Status Desired ☐ \$8.75 Additional -
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JULIUS LEEStreet Address (P.O. Box Number is Not Acceptable)
15880 WEATHERLY ROADCity
WELLINGTON

FL

Zip Code
33414

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) ☐

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 NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LEE, JULIUS 15880 WEATHERLY ROAD WELLINGTON, FL 33414
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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: *Julius Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

561-719-2567

Daytime Phone #

CR2E034B (12/01)