

2001 UNIFORM BUSINESS REPORT (UBR)

0030555 AB

DOCUMENT # M99000001189

1. Entity Name

LEE MASONRY PRODUCTS LLC

FILED

01 APR -9 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1005 N. VINE STREET
HOPKINSVILLE KY 42240

Mailing Address

1005 N. VINE STREET
HOPKINSVILLE KY 42240

2. Principal Place of Business

3. Mailing Address

P O Box 687

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hopkinsville Ky

4. FEI Number

61-0901825

Applied For

Not Applicable

Zip

Country

Zip

Country

42240

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, MICHAEL R
501 AVENUE SOUTH
RIVIERA BEACH FL 33404

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE P
NAME LEE, CAROL T
STREET ADDRESS 1575 HUNTS LANE
CITY-ST-ZIP BOWLING GREEN KY 42101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME LEE, DAVID R
STREET ADDRESS 25 GOSHEN LANE
CITY-ST-ZIP FRANKFORT KY 40601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME LEE, WILLIS A
STREET ADDRESS 2292 CARDWELL LANE
CITY-ST-ZIP HOPKINSVILLE KY 42240 Frankfort Ky 40601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME LEE, BARRY S
STREET ADDRESS 5150 CADIZ ROAD
CITY-ST-ZIP HOPKINSVILLE KY 42240

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Barry S Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2/28/01

Daytime Phone #

CR2E083 (11/00)