

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000010275**

1. Entity Name

LEE'S JEWELRY & GIFT SHOP, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90342 032 ***150.00

Principal Place of Business

6802 MONIQUE AVE.
TAMPA FL 33625

Mailing Address

6802 MONIQUE AVE.
TAMPA FL 33625**747319**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15043 Shaw Rd

Suite, Apt. #, etc.

3. Mailing Address

15043 Shaw Rd

Suite, Apt. #, etc.

City & State

TAMPA FLA

City & State

TAMPA FLA

4. FEI Number

59-3625937

Applied For

Not Applicable

Zip

33625

Country

USA

Zip

33625

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ALJURE, DAVID A
6802 MONIQUE AVE.
TAMPA FL 33625

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ALJURE, DAVID A	
STREET ADDRESS	6802 MONIQUE AVE.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ALJURE, CARIDAD	
STREET ADDRESS	6802 MONIQUE AVE.	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15043 SHAW RD	
CITY-ST-ZIP	TAMPA FLA 33625	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15043 SHAW RD	
CITY-ST-ZIP	TAMPA FLA 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/19/01 813 2638961

CR2E034 (10/00)