FILED

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

## Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P0000012636 LEE'S CLEANING OF LEE COUNTY, INC. 02-05-2001 90127 008 \*\*\*150.00 Principal Place of Business Mailing Address P O BOX 117 P O BOX 117 FT MYERS FL 33902 FT MYERS FL 33902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 650983753 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, SHIRLEY C Street Address (P.O. Box Number is Not Acceptable) 3982 MANASSAS CT FT MYERS FL 33905 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE President Delete TITLE Change ☐ Addition NAME 5 Hialey C.LEE NAME STREET ADDRESS 3982 manassas C Fortmyen F1:33905 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sec. Vice President TITLE ☐ Delete TITLE Change ☐ Addition NAME Jerry Cilee NAME STREET ADDRESS 3982 Manassas Ct STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORL Myers, AL 33905 TITLE Secretary ☐ Delete TITLE ☐ Change Addition Streley C. LEE NAME NAME 3982 manassas Ct STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT Myers, FI 33905 CITY-ST-ZIP TITLE ☐ Delete Treasurer Change ☐ Addition NAME NAME Shirley C.LET STREET ADDRESS 3182 manassas CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Fortingers F1 33905 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-01 (94)694-3006

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