

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

FILED

03 AUG - 6 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021205

1. Entity Name

C. Lee, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5224 State Rd 46

Suite, Apt. #, etc.

FMB 231

City & State

Sanford FL

Zip

32771

Country

Seminole

3. Mailing Address

5224 State Rd. 46

Suite, Apt. #, etc.

FMB 231

City & State

Sanford, FL

Zip

32771

Country

Seminole

DO NOT WRITE IN THIS SPACE

4. FFI Number

59-3629739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Chad D. Lee

Street Address (P.O. Box Number is Not Acceptable)

8260 Via Bella St.

City

Sanford

FL

Zip

32771

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Chad D. Lee

Chad D. Lee

8/1/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
Chad D. Lee
8260 Via Bella St.
Sanford, FL 32771

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

100022115701
08/05/03--01057--002 **61.25

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Jay Lee
4995 Fawn Ridge Pl.
Lake Forest, FL 32771

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
Richard Brashears
249 N. 2nd St.
Lake Mary, FL 32746

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

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CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chad D. Lee

Chad D. Lee

8/1/03

407.321.3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)