**FILED** 2/: Mar 19, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000076779 02-28-2001 90081 007 \*\*\*150.00 LEE COMPANIES, INC. Principal Place of Business Mailing Address 215 WEST COBB AVENUE 215 WEST COBB AVENUE CRESTVIEW FL 32536 CRESTVIEW FL 32536 31515 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Zip 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 LEE, RODNEY C Street Address (P.O. Box Number is Not Acceptable) 215 WEST COBB AVENUE CRESTVIEW FL 32536 City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 ☐ Addition PD □ Сһапое TITLE ☐ Delete TITLE LEE, RODNEY C NAME NAME 215 WEST COBB AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP **CRESTVIEW FL 32536** Addition ST TITLE TITLE Delete LEE, HAYVARD NAME STREET ADDRESS STREET ADDRESS 215 WEST COBB AVENUE CITY-ST-ZIP CITY-ST-ZIP **CRESTVIEW FL 32536** ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete IIII F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 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

SIGNATURE:

address, with all other like empowered.