

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90167 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 000000097130
1. Entity Name
LEE E FILTEAU P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13342 LUXBURY LOOP
Suite, Apt. #, etc.

3. Mailing Address
13342 LUXBURY LOOP
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE **91005**

City & State
Orlando, Florida

City & State
Orlando, FL

Zip
32837

Country
ORANGE

Zip
32837

Country
ORANGE

4. FEI Number
593688210

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
LEE E FILTEAU P.A.
Street Address (P.O. Box Number is Not Acceptable)
13342 LUXBURY LOOP
City
Orlando FL Zip Code
32837

8. This 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 reissuing) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<u>NONE</u>
NAME	<u>PRESIDENT</u>
STREET ADDRESS	<u>LEE FILTEAU</u>
CITY-ST-ZIP	<u>13342 LUXBURY LOOP</u>
	<u>Orlando, FL 32837</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: LEE FILTEAU 4/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)