

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90285 024 \*\*\*150.00

**DOCUMENT # P00000099981**

1. Entity Name

**WILLIAM P. LEE PAINTING, INC.**

Principal Place of Business

6005 N. WICKHAM RD #M4  
MELBOURNE FL 32901

Mailing Address

PO BOX 500148  
MALABAR FL 32950

2. Principal Place of Business

6005 N. Wickham Rd

3. Mailing Address

P.O. Box 500148

Suite, Apt. #, etc.

M14

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Malabar FL

Zip

32901 USA

Zip

32950 USA

6. Name and Address of Current Registered Agent

LEE, WILLIAM P  
3018 EDGEWOOD DR NE  
PALM BAY FL 32905

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 State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D LEE, WILLIAM P  
3018 EDGEWOOD DR NE  
PALM BAY FL 32905

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

D TUCKER, DENNIS P  
3002 EDGEWOOD DR NE  
PALM BAY FL 32905

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

D TUCKER, THOMAS  
1278 HIAWATHA CT-NE  
PALM BAY FL 32905

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

WALTER LEROY TUCKER  
3002 EDGEWOOD DR NE  
PALM BAY, 32905

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 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: WILLIAM P. LEE** William P. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-01 (321)984-2725

Date

Daytime Phone #

CR2E034 (10/00)