

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90060 040 ***150.00

DOCUMENT # P01000010280

1. Entity Name
LEE LEWIS HOLDINGS INCORPORATED



Principal Place of Business

~~4902 SKYLINE BLVD~~
CAPE CORAL FL 33914

5221 S.W. 11th AVE
CAPE CORAL, FL 33914

Mailing Address

~~4902 SKYLINE BLVD~~
CAPE CORAL FL 33914

5221 S.W. 11th AVE
CAPE CORAL, FL 33914

2. Principal Place of Business

3. Mailing Address

5221 S.W. 11th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral

City & State

Florida

Zip

Country

33914

LEE

Zip

Country

33914

LEE

4. FEI Number

52-2305758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE CHARLES, J
4902 SKYLINE BLVD
CAPE CORAL FL 33914

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LEE, CHARLES J**
CITY-ST-ZIP **4902 SKYLINE BLVD**
CAPE CORAL FL 33914

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

COPIES REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

239-671-2183

Daytime Phone #

CR2E034 (10/02)