

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90352 033 ***150.00

DOCUMENT # **P01000018574**
1. Entity Name
Lee's Painting Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
144 N. Ridgewood Ave.
Suite, Apt. #, etc.

3. Mailing Address
144 N. Ridgewood Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

Zip
32174

County
Volusia

Zip
32174

County
Volusia

4. FEI Number
59-3703329

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
Limon, Eloy A.

Street Address (P.O. Box Number is Not Acceptable)
144 N. Ridgewood Ave

City
Ormond Beach **FL** Zip Code
32174

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 *Eloy A. Limon* **ELOY A. LIMON** **4/29/02**
Signature of principal or registered agent and title if applicable. Do Not Print Agent Name (for corporate filing only) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Limon, Eloy A. 144 N. Ridgewood Ave. Ormond Beach, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 employment.

SIGNATURE: *Eloy A. Limon* **ELOY A. LIMON** **4/29/02** **386-527-9959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034B (12/01)