

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91277 028 ***158.75

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DOCUMENT # P01000021051

1. Entity Name
LEE GUTHRIE & ASSOCIATES, INC.



Principal Place of Business
C/O W. HOWARD ELLINGSWORTH, C.P.A.
96 NE 4 AVE
DELRAY BEACH FL 33483

Mailing Address
C/O W. HOWARD ELLINGSWORTH, C.P.A.
96 NE 4 AVE
DELRAY BEACH FL 33483

11022923



2. Principal Place of Business
3151 AIRWAY AVE.

3. Mailing Address
2549-B EASTBLUFF DR.

Suite, Apt. #, etc.
BLDG. Q

Suite, Apt. #, etc.
#422

City & State
COSTA MESA, CA

City & State
NEWPORT BEACH, CA

Zip
92626

Country
U.S.A.

Zip
92660

Country
U.S.A.

4. FEI Number
65-1081972

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ELLINGSWORTH, W. HOWARD
C/O SMITH, GRAHAM, ELLINGSWORTH & ASSO. PA
96 NE 4 AVE
DELRAY BEACH FL 33483

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

SIGNATURE _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GUTHRIE, LAWRENCE L 328 VISTA MADERA NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. AINSWORTH, KARYNA 358 VISTA MADERA NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GUTHRIE, LAWRENCE L. 2549-B EASTBLUFF DR. #422 NEWPORT BEACH CA 92660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GUTHRIE, KARYNA 2549-B EASTBLUFF DR. #422 NEWPORT BEACH CA 92660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
LAWRENCE LEE GUTHRIE.

4/22/03 (707) 529-0950
Date Daytime Phone #

CR2E034 (10/02)