

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90062 030 ***150.00

DOCUMENT #

1. Entity Name L & L Jawitonia

PO1000040071 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3030 Foley Rd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Perry FL

City & State

4. FEI Number

59-3713503

Applied For

Not Applicable

Zip 32348

Country Taylor

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Faye Lee

Street Address (P.O. Box Number is Not Acceptable)

3685 Henry Lee Rd

City

Perry

FL

Zip Code

32348

**DO NOT WRITE
IN THIS SPACE**

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

Faye Lee

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

(NOTE: Registered Agent signature required when reinstating)

4-24-02

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 \$550.00

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**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Faye Lee P/D IS</u> <u>3685 Henry Lee Rd</u> <u>Perry FL 32348</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>J. Henry Lee V/D IT</u> <u>3685 Henry Lee Rd</u> <u>Perry FL 32348</u>
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Faye Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 850-584-6550

Date

Daytime Phone #

CR2E034B (12/01)