

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90106 015 \*\*\*150.00

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**DOCUMENT # P01000042320**



1. Entity Name  
**LEA-LEE ENTERPRISES, INC.**

Principal Place of Business  
**1545 RAYMOND DIEHL RD.  
STE. 300  
TALLAHASSEE FL 32308**

Mailing Address  
**1545 RAYMOND DIEHL RD.  
STE. 300  
TALLAHASSEE FL 32308**



2. Principal Place of Business  
**8141 Hwy 98**  
Suite, Apt. #, etc.

3. Mailing Address  
**602 Nautilus Dr.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Port St. Joe, FL**  
Zip  
**32456**  
Country  
**U.S.**

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**Port St. Joe FL**  
Zip  
**32456**  
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**U.S.**

4. FEI Number **59-3712614**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MATLOCK, GEORGE V  
1545 RAYMOND DIEHL RD., STE. 300  
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **Tony L. Whitfield**  
Street Address (P.O. Box Number is Not Acceptable)  
**602 Nautilus Dr.**  
City **Port St. Joe** FL Zip Code **32456**

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 *Tony L. Whitfield* **Tony L. Whitfield, President** 4/14/03  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES WHITFIELD, TONY L 602 NAUTILUS DRIVE ST. JOE BEACH FL 32456</b>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Tony L. Whitfield* **REQUIRED** 4/14/03 Date 850-647-2971 Daytime Phone #

CR2E034 (10/02)