

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90168 032 ***150.00

DOCUMENT # P01000088832

1. Entity Name

LESELL ENTERPRISES, INC.

Principal Place of Business

**3203 SEA GRAPE DR.
 HERNANDO BCH FL 34607**

Mailing Address

**3203 SEA GRAPE DR.
 HERNANDO BCH FL 34607**

2. Principal Place of Business

4077 ORIENT DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

4077 ORIENT DRIVE
 Suite, Apt. #, etc.

City & State

HERNANDO BEACH, FL

City & State

HERNANDO BEACH, FL

Zip

34607

Country

U.S.

Zip

34607

Country

U.S.

4. FEI Number

38-3643031

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRDELL, DAVID
3203 SEA GRAPE DR.
HERNANDO BCH FL 34607

7. Name and Address of New Registered Agent

Name

DAVID LEWINE

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

4077 ORIENT DRIVE

City

HERNANDO BEACH

FL

Zip Code

34607

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

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

DAVID LEWINE

(NOTE: Registered Agent signature required when reinstating)

4-25-02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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
D LEWINE, DAVID
3203 SEA GRAPE DR.
HERNANDO BCH FL 34607

☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DAVID LEWINE
4077 ORIENT DRIVE
HERNANDO BEACH, FL 34607

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LEWINE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02
 Date

352 596-6539
 Daytime Phone #

CR2E034 (9/01)