

06/20/2002 14:37 9417463990

SUITE 1

FILED
Jun 30, 2002 8:00 am
Secretary of State

06-30-2002 90230 034 ***155.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000089656**

1. Entity Name

Lee Weeks tile Inc.**DO NOT WRITE IN THIS SPACE****80126315**

2. Principal Place of Business

8190 Natures way

3. Mailing Address

SAME

Suite, Apt. #, etc.

APT. 21

Suite, Apt. #, etc.

City & State

Bradenton FLA.

City & State

Zip

34202

Country

USA

Zip

Country

4. FEI Number

65-1147518☒ Applied For☐ Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

-Name- **Gregory C. Meissner**Street Address (P.O. Box Number is Not Acceptable)
111 Third Avenue West Suite 150City **Bradenton**

FL

Zip Code **34205****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

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

(NOTE: Registered Agent signature required when representative)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)10. Election Campaign Financing
Trust Fund Contribution. ☒**\$5.00 May Be
Added to Fees****OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
President	Everette Lee Weeks Jr.	8190 Natures way, Apt. 21	Bradenton, FLA. 34202

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

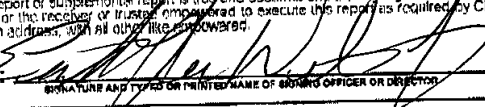
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, and all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-02

Date

Daytime Phone #

CR2E0348 (12/01)