

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/2003-90399-050 \$150.00-\$150.00

APPROVED
AND
FILED

0520385 AV

DOCUMENT # P01000112266

1. Entity Name
ANDRE J LEMIEUX, INC.



03 JUL -1 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13368 HIGHLAND CHASE PLACE
FT MYERS FL 33913

Mailing Address
13368 HIGHLAND CHASE PLACE
FT MYERS FL 33913



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-1157049

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEMIEUX, ANDRE J
13368 HIGHLAND CHASE PLACE
FT MYERS FL 33913

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

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 D
NAME LEMIEUX, KELLY L
STREET ADDRESS 13368 HIGHLAND CHASE PLACE
CITY-ST-ZIP FT MYERS FL 33913 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME LEMIEUX, ANDRE J
STREET ADDRESS 13368 HIGHLAND CHASE PLACE
CITY-ST-ZIP FT MYERS FL 33913 ☐ Delete

TITLE OFFICER
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

239-561-2542

Date

Daytime Phone #

CR2034 (10/02)