

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92204 026 ***150.00

DOCUMENT # **P02000003949**



1. Entity Name
LEE AND MDE ENTERPRISE, INC.

Principal Place of Business
**3578 S. MCCALL RD.
#B-C
ENGLEWOOD FL 34224**

Mailing Address
**3578 S. MCCALL RD.
#B-C
ENGLEWOOD FL 34224**



2. Principal Place of Business
3578 S. McCall Rd.

3. Mailing Address
SAME

Suite, Apt. #, etc.
B+C

Suite, Apt. #, etc.

City & State
ENGLEWOOD, FL

City & State

Zip
34223

Country
U.S.

4. FEI Number
01-0560028

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ECKERT, LARRY L
48 GOLVIEW CT.
ROTONDA WEST FL 33947-2229**

7. Name and Address of New Registered Agent

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]* **PRES.** **4-28-03**

(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	<input type="checkbox"/> Delete
NAME	ECKERT, LARRY L	
STREET ADDRESS	48 GOLVIEW CT.	
CITY-ST-ZIP	ROTONDA WEST FL 33947-2229	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ECKERT, MAURINA D	
STREET ADDRESS	48 GOLVIEW CT.	
CITY-ST-ZIP	ROTONDA WEST FL 33947-2229	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED** **4-28-03** **941-475-0744**

Date Daytime Phone #

CR2E034 (10/02)