

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #	P02000070285
1. Entity Name	KISER LEE ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3380 PAISLEY CR Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State ORLANDO, FL	City & State
Zip 32817	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0539640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MOBLEY, FRANK
Street Address (P.O. Box Number is Not Acceptable)
3380 PAISLEY CR

City
ORLANDO

FL

Zip Code
32817

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 *Frank N. Mobley*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOBLEY, FRANK 3380 PAISLEY CR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MOBLEY, RUBY L 3380 PAISLEY CR ORLANDO, FL 32817
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	500017620825 04/30/03--01121--007 **150.00
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank N. Mobley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03
Date Daytime Phone #