

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008706

1. Entity Name

JOSEPH D. LEE, P.A.

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90002 048 ***550.00

Principal Place of Business

COMMERCE POINTE - SUITE 400
1818 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33409

Mailing Address

COMMERCE POINTE - SUITE 400
1818 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33409

2. Principal Place of Business

1818 S. Australian Ave.

3. Mailing Address

1818 S. Australian Ave.

Suite, Apt. #, etc.

Commerce Pointe, Suite #404

Suite, Apt. #, etc.

Commerce Pointe, Suite #404

City & State

West Palm Beach, Florida

City & State

West Palm Beach, FL

Zip

33409

Country

USA

Zip

33409

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0368005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, JOSEPH D
1818 S AUSTRALIAN AVE
COMMERCE POINTE, ~~FL 33409~~ S.#404
WEST PALM BEACH FL 33409

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.

SIGNATURE

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

Joseph D. Lee

(NOTE: Registered Agent signature required when reinstating)

DATE

June 12, 2001

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	LEE, JOSEPH D	
STREET ADDRESS	1818 SOUTH AUSTRALIAN AVE., SUITE 404	
CITY-ST-ZIP	WEST PALM BEACH FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Signature, typed or printed name of signing officer or director

Joseph D. Lee

Date

June 12, 2001

Daytime Phone #

CR2E034 (10/00)