## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 06, 2000 8:00 am Secretary of State DOCUMENT # P93000085697 LEE - MAR ENTERPRISES, INC. 04-06-2000 90029 001 \*\*\*150.00 Principal Place of Business Mailing Address 1908 26TH AVE. E. - 26TH AVE. E. BRADENTON FL 34208-7752 FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0454982 Not Applicable Ziα Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required \* - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITEHURST, C. LEEROY JR. 1908 26TH AVE. E. **BRADENTON FL 34208** 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE WHITEHURST, C. LEEROY JR NAME STREET ADDRESS 1908 26TH AVE. E. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** Delete TITLE WHITEHURST, MARGARET A. NAME NAME STREET ADDRESS 1908 26TH AVENUE, E. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Addition TITLE ☐ Change → 🔁 Delete 🌤 💳 -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP De'ete TITLE Change | ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-2000 941.746-2475

Daytime Phone