

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90176 044 ***150.00

DOCUMENT # P94000045575

1. Entity Name
LEE SQUARED, INC.

Principal Place of Business

**10381 TAMiami TRAIL
UNIT 8
PUNTA GORDA FL 33950
US**

Mailing Address

**10381 TAMiami TRAIL
UNIT 8
PUNTA GORDA FL 33950
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0498780

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WIDMEYER, STEPHAN B
3871-A TAMiami TRAIL
PORT CHARLOTTE FL 33952**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCMaster, PEGGY S.**
CITY-ST-ZIP **1691 HUNTERS CREEK DRIVE
PUNTA GORDA FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCMaster, JEFFERY T**
CITY-ST-ZIP **1691 HUNTER'S CREEK DRIVE
PUNTA GORDA FL**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SCHULER, COLE C**
CITY-ST-ZIP **4206 WESLEY LN
NORTHPORT FL 34287**

TITLE ☒ Change ☐ Addition
NAME **Cole Schuler**
STREET ADDRESS **5535 Estates Dr.**
CITY-ST-ZIP **North Port FL 34286**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MURRAY, RONALD D**
CITY-ST-ZIP **5497 LADY SLIPPER AVE
NORTH PORT FL 34286**

TITLE ☒ Change ☐ Addition
NAME **Ronald Murray**
STREET ADDRESS **6676 N. Biscayne Dr.**
CITY-ST-ZIP **North Port FL 34286**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MURRAY, TRICIA S**
CITY-ST-ZIP **5497 LADY SLIPPR AV
NORTPORT FL 34286**

TITLE ☒ Change ☐ Addition
NAME **Tricia Murray**
STREET ADDRESS **6676 N. Biscayne Dr.**
CITY-ST-ZIP **North Port FL 34286**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCMaster, KENNETH E**
CITY-ST-ZIP **25183 MARION AVENUE LOT 9
PUNTA GORDA FL 33950**

TITLE ☐ Change ☐ 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:

Tricia S. Murray **Tricia S. Murray** 4-11-02 941-575-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)