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

DOCUMENT

P94000089908

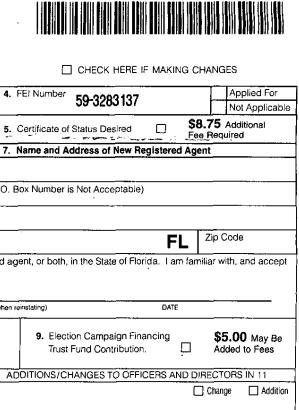
1. Entity Name FOURLEES, INC.



Principal Place of Business Mailing Address 11578 TRADEWINDS BLVD 11578 TRADEWINDS BLVD **LARGO FL 33773 LARGO FL 33773** HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3283137 Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name LEE, TERRI L Street Address (P.O. Box Number is Not Acceptable) 11578 TRADEWINDS BLVD **LARGO FL 34643** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.

FILED Jan 30, 2003 8:00 am **Secretary of State**

01-30-2003 90131 046 ***150.00



TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, TERRI L 11578 TRADEWINDS BLVD LARGO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, JAMES W 11578 TRADEWINDS BLVD LARGO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Ingrangage	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

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 eath; 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