

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000038760

FILED
Apr 29, 2003
Secretary of State

Entity Name: D. BRUCE LEE CONTRACTING, INC.

Current Principal Place of Business:

698 LONE OAK DRIVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

698 LONE OAK DRIVE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3312431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, D. BRUCE
698 LONE OAK DRIVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, BRUCE D
Address: 698 LONE OAK DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: LEE, BRUCE D
Address: 698 LONE OAK DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: LEE, BRUCE D
Address: 698 LONE OAK DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LEE, JOANNE S
Address: 698 LONE OAK DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: T (X) Change () Addition
Name: LEE, JOANNE S
Address: 698 LONE OAK DRIVE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE S. LEE

S

04/29/2003

Electronic Signature of Signing Officer or Director

Date