2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P96000041107

1. Entity Name

LEEBUILT CONSTRUCTION CORP.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90170 033 ***158.75

Principal Place of Business 4071 MANOR FOREST TRAIL BOYNTON BEACH FL 33436 US		Mailing Address 4071 MANOR FOREST BOYNTON BEACH FL (US		
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Sta	ate	City & State		4. FEI Number 65-0679457 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent
LEE' NIC	HOLAS H		Name	and a second agent
1 1 1	RISSA RD		Street Add	ddress (P.O. Box Number is Not Acceptable)
	N BCH FL 33436		-	
	, , , , , , , , , , , , , , , , , , ,			
À .			City	FL Zip Code
8. The above the obliga	named entity submits this statement tions of registered agent	for the purpose of changing it	s registered office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept
·	is a supplier of a agorit.			
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NO:	IF: Registered Agent size -	
ė, F	ILE NOW!!! FEE IS \$150.00		TE: Registered Agent signature	rei required when reinstating) DATE
	r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be
	Payable to Florida Department	of State		Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D Lee, Nicholas H	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	9578 CARISSA RD		NAME STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL		CITY-ST-ZIP	
TITLE	PST	☐ Delete	TITLE	Channe DAIM
NAME STREET ADDRESS	LEE, NICHOLAS H		NAME	☐ Change ☐ Addition
CITY-ST-ZIP	9578 CARISSA RD BOYNTON BCH FL		STREET ADDRESS	
TITLE			CITY-ST-ZIP	APT TELEVISION
NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	
TITLE NAME		Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	,		NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Channe Clause
NAME STREET ADDRESS			NAME	Change Addition
CITY-ST-ZIP			STREET ADDRESS	
TITLE			CITY-ST-ZIP	
NAME		☐ Delete	TITLE	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
	rtify that the information supplied with n this report or supplemental report is oration or the receiver or truster tempor or on an attachment with an address, w		the exemption stated in y signature shall have s required by Chapter	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: