

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087679

1. Entity Name

LAW OFFICE OF KELLY A. LEE, P.A.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90083 050 ***150.00

Principal Place of Business

233 S AIRPORT RD
NAPLES FL 34104
US

Mailing Address

501 N GOODLETTE ROAD
SUITE D100
NAPLES FL 34102-5666

2. Principal Place of Business

201 S. Airport Rd
Suite, Apt. #, etc.

3. Mailing Address

201 S. Airport Rd.
Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

65-0719124

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, KELLY A
233 SOUTH AIRPORT RD
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

201 S. Airport Rd

Naples FL 34104

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

K Lee

K Lee

2/17/00

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, 2000 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

TITLE P ☐ Delete
NAME LEE, KELLY A
STREET ADDRESS 3251 5TH AVE NW
CITY-ST-ZIP NAPLES FL 34120

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Lee, Kelly A
STREET ADDRESS 4730 25th Ave. S.W.
CITY-ST-ZIP Naples, FL 34104

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

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

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

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

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/00

Daytime Phone #

941 649 8559

CR2E034 (9/99)