

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90044 044 ***150.00

DOCUMENT # P96000087679

1. Entity Name
LAW OFFICE OF KELLY A. LEE, P.A.

Principal Place of Business

Mailing Address

201 S AIRPORT RD
NAPLES FL 34104
US

201 S AIRPORT RD
NAPLES FL 34104
US

2. Principal Place of Business

3. Mailing Address

Courtland Plaza-Suite 208 Courtland Plaza-Suite 208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2500 Airport Rd. S.

2500 Airport Rd. S.

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34112 USA

USA

34112 USA

USA



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

LEE, KELLY A
201 S. AIRPORT RD
NAPLES FL 34104

Name

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

Courtland Plaza-Suite 208
2500 Airport Road S

City

FL

Zip Code

Naples

34112

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

Kelly A. Lee

K Lee

3/2/01

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, 2001 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 P
NAME LEE, KELLY A
STREET ADDRESS 4730 25TH AVE SW
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Naples, FL 34110 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Kelly A. Lee

Date

Daytime Phone #

941-649-8559

CR2E034 (10/00)