

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90063 028 ***150.00

DOCUMENT #

1. Entity Name Law Office of Kelly A. Lee, P.A.

79160000087679 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 Airport Rd. S.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 208

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34112

Country

U.S.A.

Zip

Country

4. FEI Number

65079634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kelly A. Lee, Esq

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

2500 Airport Rd. S. #208

City

Naples

FL

Zip Code

34112

**DO NOT WRITE
IN THIS SPACE**

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

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>President</u>
NAME	<u>Kelly A. Lee</u>
STREET ADDRESS	<u>2500 Airport Rd. S. #208</u>
CITY-ST-ZIP	<u>Naples, FL 34112</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 231-649-8559
Date Daytime Phone #