## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 1. Entity Name

P97000055323

MEI LEE, INC.



**FILED** Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90295 024 \*\*\*150.00

Zip Country Zip Country 5, Certificate of Status Desired					GOO WE	I I				
Suite, Apt. #, etc.    City & State   City & State	4346 BEE RIDGI	E ROAD	4346	BEE RIDGE ROAD						
City & State  Country  Country  S, Certificate of Status Desired  Name  Name  Name  Name  Name  Name  Name  Size Address (PO. Box Number is Not Acceptable)  Street Address (PO. Box	2. Principal Pla	ce of Business .	<b>3.</b> Ma	3. Mailing Address						
Zip Country Zip Country 5, Certificate of Status Desired	Suite, Apt. #,	, etc.	Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
SUEN, GEORGE 4346 BEE RIDGE ROAD SARASOTA FL 34232  SIFULE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS OITY-SI-ZIP  FILE  SUEN, GEORGE  4346 BEE RIDGE ROAD SARASOTA FL 34235  TITLE  SUEN, GEORGE  4346 BEE RIDGE ROAD SARASOTA FL 34232  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  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. I am familiar with, and of the obligations of registered agent.  SIGNATURE  SUBJECTION OFFICERS AND DIRECTORS  ITILE AND OFFICERS AND DIRECTORS  ITILE  SUBJECT ADDRESS  CITY-SI-ZIP  CHange  THE  NAME SIRET ADDRESS  CITY-SI-ZIP  THE  Delete  THE  Delete  THE  NAME SIRET ADDRESS  CITY-SI-ZIP  THE  Delete  THE  DELETORS SIRET ADDRESS  CITY-SI-ZIP  THE  DELETORS SIRET ADDRESS  CITY-SI-ZIP  THE  THE  THE  THE  THE  THE  THE  TH	City & State			City & State			4. FEI Number 65-0761019			oplied For
SUEN, GEORGE 4346 BEE RIDGE ROAD SARASOTA FL 34232  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or primed name of registered agent agent and take if applicable. (MOTE: Registered Apent signature required when reinstating)   DATE    FILE NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Florida Department of State   Delete	Zip Country			Zip Country			5 Certificate of Status Desired \$8.75 Additional			
SUEN, GEORGE 4346 BEE RIDGE ROAD SARASOTA FL 34232  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or primed name of registered agent agent and take if applicable. (MOTE: Registered Apent signature required when reinstating)   DATE    FILE NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Florida Department of State   Delete	<del></del>	6. Name and Addr	ess of Current Register	ed Agent		<del></del>	7. Name and Address of New	Registered A	gent	
### A348 BEE RIDGE ROAD SARASOTA FL 34232    City   FL   Zip Code	-				~Name			gibtoroa za		
SARASOTA FL 34232  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE    Signature, typed or pirited name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE					Street Ad	dress (P.C	D. Box Number is Not Acceptate	ole)		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Added to Final Delete  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Added to Final Delete  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN AMAE  SIREET ADDRESS CITY-S1-ZIP  TITLE  SUEN, GEORGE 4006 PRADO DRIVE SIREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE TITLE TITLE SARASOTA FL 34235 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE TITL	the obligation	ns of registered agen		pose of changing its re	egistered office or r	registered	agent, or both, in the State of I	Florida. I am fa	miliar with,	and accept
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  TITLE	SIGNATUREs	gnature, typed or printed nam	s of registered agent and title if ap	plicable. (NOTE: I	Registered Agent signature	e required wh	en reinstating)	DATE		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**