

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90121 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086187

1. Entity Name

PAPA LEE FOOD COMPANY

Principal Place of Business

7106 POCAHONTAS
CALLAWAY FL 32404

Mailing Address

P.O. BOX 6209
CALLAWAY FL 32404
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3471992

Applied For
Not Applicable

Zip

Country

Zip

Country

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, G. THOMAS
7106 POCAHONTAS
CALLAWAY FL 32404

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and it is if applicable.

(NOTE: Registered Agent signature required when registering)

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	LEE, G. THOMAS	
STREET ADDRESS	7106 POCAHONTAS	
CITY - ST - ZIP	CALLAWAY FL 32404	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEE, GLORIA G.	
STREET ADDRESS	7106 POCAHONTAS	
CITY - ST - ZIP	CALLAWAY FL 32404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

2-1-02

Date

Daytime Phone #

CR2E034 (9/01)

Memorandum

Attachment
Document #
P97000086187
831171

To: Division of Corporations
From: Papa Lee Food Company
Date: 4/8/2002
Re: Ref P97000086187

When I mailed my annual report to you on 2/1/02 it looks like I forgot to sign the check for the annual fee. Your letter dated 3/27/02 and postmarked 4/5/02 indicated I needed to sign and return the check to you.. Enclosed is the signed check along with copies of your letter and my previously filed report. Please process.

Thank You,



G. Thomas Lee
850-874-0100