

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91435 042 ***150.00

DOCUMENT # P97000108981

1. Entity Name
LAW OFFICES OF WILLIAM L. LEE, JR., P.A.



Principal Place of Business
**1627 BULEVAR MENOR
PENSACOLA FL 32561**

Mailing Address
**1627 BULEVAR MENOR
PENSACOLA FL 32561**



2. Principal Place of Business

1201 Soundview Trail

3. Mailing Address

1201 Soundview Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Gulf Breeze, Florida

City & State
Gulf Breeze, Florida

4. FEI Number **64-0891134**

Applied For
☐ Not Applicable

Zip
32561

Country
Santa Rosa

Zip
32561

Country
Santa Rosa

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEE, MARK E
1627 BULEVAR MENOR
PENSACOLA FL 32561**

7. Name and Address of New Registered Agent

Name **Mark E Lee (Same Registered Agent)**
Street Address (P.O. Box Number is Not Acceptable)
1201 Soundview Trail
City **Gulf Breeze** FL **32561**

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 accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, WILLIAM L JR	
STREET ADDRESS	101 LAKEPOINTE DR	
CITY-ST-ZIP	MADISON MS 39211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

4/30/03 (800) 472-0666

Date

Daytime Phone #

CR2E034 (10/02)