2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # **P98000009320** ROBERT LEE ENTERPRISES, INC. 04-02-2001 90285 038 ***150.00 Principal Place of Business Mailing Address 1575 W. COMMERCIAL BLVD., #36A 1575 W. COMMERCIAL BLVD., #36A **C1023013** FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 Principal Place of Business. 3. Mailing Address PERIMETER Rd 1535 S. PERIMETER 1535 S. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 36A Applied For City & State 4. FEI Number LAUDERDALE FL 59-2336600 FL LAUDERDALE Not Applicable Country USA \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPENGLER, ARTHUR A JR. Street Address (P.O. Box Number is Not Acceptable) 1575 W. COMMERCIAL BLVD. HANGER #36A FT. LAUDERDALE FL 33309 OFT. LAUDERDALE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change TITLE TITLE □ Delete NAME NAME SPENGLER, ARTHUR A JR. 1535 S. PERIMETER Rd, STREET ADDRESS STREET ADDRESS 1575 W. COMMERCIAL BL. #36A Ft. LAUDERDALE CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33309 TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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