

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017181

1. Entity Name

LEE'S LIL' ANGEL TRUCKING, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90049 029 ***150.00

Principal Place of Business

4728 SW 170TH ST
ARCHER FL 32618

Mailing Address

P.O. BOX 1028
ARCHER FL 32618-1028

2. Principal Place of Business

4728 SW 170th St

3. Mailing Address

P.O. Box 1028

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Archer, Florida

City & State

Archer, Florida

4. FEI Number

59-3520301

Applied For

Not Applicable

Zip

32618

Country

U.S.A.

Zip

32618-1028

Country

U.S.A.

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, DAVID E
4728 S.W. 170TH ST.
ARCHER FL 32618

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, 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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LEE, DAVID E
PO BOX 1028
ARCHER FL 32618-1028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David E. Lee 4-28-00 352-495-2828

CR2E034 (9/99)