

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017181

1. Entity Name
LEE'S-LIL' ANGEL TRUCKING, INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90003 014 ***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.

City & State

Archer, FL

City & State

Archer, FL

Zip

32618

Country

U.S.A.

Zip

32618-1028

Country

USA

4. FEI Number

59-3520301

Applied For

Not Applicable

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 or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOT)

Registered Agent's 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, 2001 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
NAME LEE, DAVID E
STREET ADDRESS PO BOX 1028
CITY-ST-ZIP ARCHER FL 32618-1028 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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; 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:

David E. Lee / David E. Lee

5-21-01

352495-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)