## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P98000018620 1. Entity Name LEE J.P. GROUP, INC. 03-05-2001 90323 007 \*\*\*150.00 Principal Place of Business Mailing Address 6310 COACH LIGHT DRIVE 6310 COACH LIGHT DRIVE NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address 2400 N. 9TH STRBET 917 STIVEET **3400** DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE SUITE 101 Applied For 4. FEI Number 65-0822021 PL FL Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired COLLIER COLLIER Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GANDTE, JEFFREY P Street Address (P.O. Box Number is Not Acceptable) 6310 COACHLIGHT DRIVE NAPLES FL 34116 riffs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub-GANDTE. PRESIDENTANDCED SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition ☐ Delete TITLE O'REILLY, LAWRENCE P NAME NAME 4460-2 CAMINO REAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-7IP NOTE JEFFREY DO N. 9TH ST. SU/TE 101 JAPLES, FL 34/03 ☐ Addition PCE0 ☐ Delete TITLE TITLE GANOTE, JEFFREY NAME NAME 6310 COACHLIGHT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TID F 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 empowered.

SIGNATURE:

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