

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90086 016 \*\*\*150.00

**DOCUMENT # P98000018620**

1. Entity Name  
**LEE J.P. GROUP, INC.**



Principal Place of Business  
**2400 NORTH 9TH STREET  
SUITE #101  
NAPLES FL 34103**

Mailing Address  
**2400 NORTH 9TH STREET  
SUITE #101  
NAPLES FL 34103**

**20010284**



2. Principal Place of Business  
**5 Corona Ct.**

3. Mailing Address  
**4632 Vincennes Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Coast, FL**

City & State

**Cape Coral, FL**

Zip  
**32137**

Country  
**USA**

Zip  
**33904**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0822021**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GANDTE, JEFFREY P  
2400 NORTH 9TH STREET  
SUITE #101  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name  
**Lawrence P. O'Reilly**

Street Address (P.O. Box Number is Not Acceptable)

**5 Corona Ct.**

City  
**Palm Coast**

FL

Zip Code  
**32137**

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

**Lawrence P. O'Reilly 1-14-03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO O'REILLY, LAWRENCE P 4460-2 CAMINO REAL WAY FORT MYERS FL 33912</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO GANOTE, JEFFREY 2400 NORTH 9TH STREET NAPLES FL 34103</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO O'Reilly, Lawrence P. 5 Corona Ct Palm Coast, FL 32137</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lawrence P. O'Reilly President**

**1-14-03**

**(386) 446-8813**

Date

Daytime Phone #