

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90001 045 ***150.00

DOCUMENT # P98000066804

1. Entity Name

LEE AND ASSOCIATES GENERAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

**8695 COLLEGE PARKWAY STE. #323
 FT MYERS FL 33919**

**8695 COLLEGE PARKWAY STE. #323
 FT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

15040 SHAM ROCK DRIVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 101

City & State

City & State

FORT MYERS, FL

Zip

Country

Zip

Country

33912

USA

4. FEI Number **65-0853489**

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, DANIEL
 15040 SHAMROCK DRIVE
 FT MYERS FL 33912**

Name

DANIEL LEE (SAME)

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

SUITE 101

15040 SHAMROCK DRIVE

City

FORT MYERS, FL

FL

Zip Code

33912

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

Daniel Lee (Pres)

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

(NOTE: Registered Agent signature required when reinstating)

4-26-01

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	PVST	<input type="checkbox"/> Delete
NAME	LEE, DANIEL	
STREET ADDRESS	8695 COLLEGE PKWY, STE 323	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Daniel Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 941-466-3338

Date

Daytime Phone #

CR2E034 (10/00)