

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90001 041 ***150.00

DOCUMENT # P98000066811

1. Entity Name

LEE AND ASSOCIATES REALTY AND MORTGAGE CORPORATI

Principal Place of Business

Mailing Address

8695 COLLEGE PARKWAY STE 324
FT MYERS FL 33919

8695 COLLEGE PARKWAY STE 324
FT MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

15040 SHAMROCK DRIVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101 SUITE

City & State

City & State

FORT MYERS, FL

Zip

Country

Zip

Country

33912

USA

4. FEI Number 65-0853491

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 DR
FT MYERS FL 33912

Name

SAME

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.

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

4-26-01 941-466-3338

CR2E034 (10/00)