

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90044 012 \*\*\*150.00

DOCUMENT # P98000073547

1. Entity Name  
Lee Distributing  
1416 Paula Drive  
Apopka FL 32703

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1416 Paula Dr. Apopka FL 32703  
Suite, Apt. #, etc.

3. Mailing Address  
1416 Paula Dr.  
Apopka FL 32703  
Suite, Apt. #, etc.

City & State  
Apopka FL

City & State

Zip  
32703

Country  
ORANGE

Zip  
32703

Country  
Orange

4. FEI Number  
59-3548656

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Steven D. Lee

Street Address (P.O. Box Number is Not Acceptable)  
1416 Paula Dr.

City  
Apopka

FL

Zip Code  
32703

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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steven Dale Lee 1416 Paula Dr. Apopka FL 32703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12-02 (407)886-6926

Date

Daytime Phone #

CR2E034B (12/01)