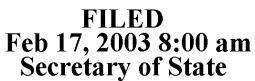
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUMENT# P98000079494 1. Entity Name LEE - TEC - INC.								90181 037 ***150.00	
Principal Place of Business 3328 INDIAN TRAIL EUSTIS FL 32726-2318			Mailing Address 3328 INDIAN TRAIL EUSTIS FL 32726-2318						
2. Principal	Place of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FE	59-3537025		Applied For Not Applicable
Zip Country			Zip			-5: C€	ertificate of Status Desired	¢0.75 .	dditional
	6. Name	and Address of Current	Registered Agent		Nama	7. Na	me and Address of New Regist		
	ieidi lee Dian trail Fl 32726-28	13			Street Address	s (P.O. Box	Number is Not Acceptable)		
		78		City				FL Zip Cod	
the obliga	e named entity ations of registe	submits this statement for ared agent.	the purpose of changing	its registere	ed office or regist	tered agen	it, or both, in the State of Florida.	I am familiar with	, and accept
SIGNATURE	Signature, typed of	or printed name of registered agent a	nd title if applicable. (N	IOTE: Registerer	d Agent signature require	ired when reins	fatino)	DATE	
Afte Make Checi	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State				Election Campaign Financin Trust Fund Contribution.	ng \$5. (00 May Be
TITLE	P	OFFICERS AND D		11.	 _	ADDI	TIONS/CHANGES TO OFFICERS	S AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	HUNT, HEIDI L 3328 INDIAN TRAIL EUSTIS FL 32726-2318		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			1		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	TITLE			☐ Change	☐ Addition
TITLE NAME STREET ADORESS DITY-ST-ZIP		. NAM Str		TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		Change Addition		
itle Iame Itreet address Ity-st-zip		NA/ STR		TITLE NAME STREET CITY-S	ADDRESS IT-ZIP			☐ Change	☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP 2. I hereby ce	Delete 1		CITY-ST		110	07(0)(1) 5	☐ Change	☐ Addition	

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 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 #