

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 06, 2000 8:00 am
Secretary of State

05-15-2000 90258 042 ***150.00

DOCUMENT # P98000102748

1. Entity Name

LEE'S SCREEN & WINDOW FACTORY, INC.

Principal Place of Business

**1421 N. PLACE BLVD
PENSACOLA FL 32505**

Mailing Address

**P.O. BOX 694
GULF BREEZE FL 32562-0694**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3545369**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BATES, PHILIP A
25 WEST CEDAR STREET
SUITE 304
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

Penny Feeser

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

1421 N. Pace Blvd.

City

Pensacola

FL

Zip Code

32505

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

Penny Feeser

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

(NOTE: Registered Agent signature required when reinstating)

Penny Feeser

5-30-00

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
FEESER, PENNY C
P.O. BOX 694
GULF BREEZE FL 32562**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: **Penny Feeser**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

DATE

850-432-0865

DAYTIME PHONE #