2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900020599

1. Entity Name

4/18

FILED May 18, 2000 8:00 am Secretary of State

MR. LEE'S, INC.							04-18-2000 90068 007 ***150.00				
Principal Place 198 PRINCETON ARASOTA FL 34	STREET	3	Mailing Address 2198 PRINCETON STREET SARASOTA FL 34237-3435								
2. Principal Pla	ace of Busin	ess	3. Majling Address 4445 OP	OPAL COURT							
Suite, Apt. #	t, etc.		Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SPA	VCE		
City & State			SARASOTI	1_		El Number 50 893 013			lied For Applicable		
Zip		Country	34233		PASOTA		Certificate of Status Desired		3.75 Additi e Required	ional	
	6. Name	and Address of Current F	Registered Agent		Name	7. N	ame and Address of New Reg	istered Ag	ent		
HORNING, LEE					Street Address (P.O. Box Number is Not Acceptable)						
2198 PRINCETON STREET											
SARASOTA FL 34237					City E1 Zip Code						
					City			FL	Zip Code		
8. The above	named enti	ty submits this statement for	r the purpose of changing it	ts register	ed office or registe	red age	ent, or both, in the State of Florid	a.			
SIGNATURE _	Signature, type	d or printed name of registered agent a	and title if applicable. (NC	OTE: Registere	d Agent signature require	d when re	instating)	DATE			
9. This corpor	ration is eliq	gible to satisfy its Intangible and elects to do so.	FILE NOW	000 Fee	IS \$150.00 will be \$550.00 epartment of Sta	ete	10. Election Campaign Finan Trust Fund Contribution.	cing		May Be to Fees	
11. OFFICERS AND DIRECTORS 1						AD	DITIONS/CHANGES TO OFFIC				
NAME STREET ADDRESS CITY-ST-7IP	HORNING, LEE				E EET ADORESS /-ST-ZIP			•	Change	CB2E034 (9/99)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOLENO	OH W ILOU	☐ Delete	TITL NAM STR	E				Change	☐ Addition S	
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indicated of the cor	d on this rep rporation or	i fronce i latnemelogue so frov	is true and accurate and tha cowered to execute this rep	at my sign ort as requ	ature shall have the sired by Chapter 6	e same 07, Flor	119.07(3)(i), Florida Statutes. I is legal effect as if made under or rida Statutes; and Ibat my name	un: matia	m an onicer	or director	
SIGNAT	rure:	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFIC	ER OR DIRE	Lee HOR	v n(3-4/05/0 Date	De	syteme Phone #		