

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052524

1. Entity Name
LEE RENOVATIONS, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90006 016 ***550.00

008504 AV

Principal Place of Business

4207 SAN RAFAEL STREET
UNIT F
TAMPA FL 33629

Mailing Address

4207 SAN RAFAEL STREET
UNIT F
TAMPA FL 33629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4213 San Rafael
Suite, Apt. #, etc.

3. Mailing Address

4213 San Rafael
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33629

Country

USA

Zip

33629

Country

USA

4. FEI Number

59-3581280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
PSTD
FINCHER, USA
4207 SAN RAFAEL STREET, UNIT F
TAMPA FL 33629

☐ Delete

TITLE
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STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Examine Photo #

7-30-01 4052057891

CR2E034 (5/01)