

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000062197

FILED
May 09, 2000 8:00 am
Secretary of State

04-03-2000 90133 025 ***150.00

1. Entity Name

LEE AND LEATH INC.

Principal Place of Business

Mailing Address

11750 PHILLIPS HWY.
 JACKSONVILLE FL 32256

11750 PHILLIPS HWY.
 JACKSONVILLE FL 32256-1642

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3601969

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRAHAM, LISA
 721 SANDRINGHAM DR.
 JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name DALE LEATH

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

106 SWEET LANE

City Ponte Vedra Beach FL

Zip Code 32082

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

Dale Leath

1/6/00

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	DALE LEATH	<input type="checkbox"/> Delete
NAME	DALE LEATH	
STREET ADDRESS	106 SWEET LANE	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	LEE Bradley	<input type="checkbox"/> Delete
NAME	LEE BRADLEY	
STREET ADDRESS	4492 Southside Blvd #203	
CITY-ST-ZIP	Jay FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all addresses with all other like empowered.

SIGNATURE:

Dale Leath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/00

Daytime Phone #

CR2E034 (9/99)