

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000062771

1. Entity Name

LEE BUSINESS SERVICES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

04-25-2000 90137 026 ***150.00

Principal Place of Business

C/O BERNHARD MUMUET
509 COLUMBUS AVENUE
LEHIGH ACRES FL 33972

Mailing Address

C/O BERNHARD MUMUET
509 COLUMBUS AVENUE
LEHIGH ACRES FL 33972-4538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ Applied For
☐ Not Applicable

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WRIGHT, CHRISTINE F
1105 CAPE CORAL PARKWAY EAST, SUITE C
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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 \$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	D	<input type="checkbox"/> Delete
NAME	HOMMICH, LARS	
STREET ADDRESS	CRONENBERGER STRASSE 47,D-42651	
CITY-ST-ZIP	SOLINGEN, GERMANY	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOMMICH, PETRA	
STREET ADDRESS	CRONENBERGER STRASSE 47,D-42651	
CITY-ST-ZIP	SOLINGEN, GERMANY	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMMICH, LARS	
STREET ADDRESS	WERDER STRASSE 7, D-42655	
CITY-ST-ZIP	SOLINGEN, GERMANY	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMMICH, PETRA	
STREET ADDRESS	WERDERSTRASSE 7, D-42655	
CITY-ST-ZIP	SOLINGEN, GERMANY	
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 an address, with all other like empowered.

SIGNATURE:

[Signature] **LARS HOMMICH**

04-17-00

(941) 368-8317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)