

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070489

1. Entity Name

LEE MARKETING, INC.

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

03-06-2000 90116 013 ***150.00

Principal Place of Business Mailing Address
817 HEATHER GLEN CIRCLE 817 HEATHER GLEN CIRCLE
LAKE MARY FL 32746 LAKE MARY FL 32746-6132

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3591018 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BLUM, ROBERT L
817 HEATHER GLEN CIRCLE
LAKE MARY FL 32746
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. ☐ 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition
NAME BLUM, ROBERT L
STREET ADDRESS 817 HEATHER GLEN CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746
TITLE V ☐ Delete TITLE ☐ Change ☐ Addition
NAME JONES, KIRK
STREET ADDRESS 817 HEATHER GLEN CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746
TITLE TS ☐ Delete TITLE ☐ Change ☐ Addition
NAME SUGGS, ANDREA
STREET ADDRESS 817 HEATHER GLEN CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746
TITLE ☐ Delete TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/1/00 407-548-1013
Date Daytime Phone #

CR2E034 (9/99)