

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90921 027 \*\*\*158.75

0540614 AV

**DOCUMENT # P99000081194**

1. Entity Name

**ALTON LEE, INC.**

Principal Place of Business

**8635 GUMTREE AVE.  
 NEW PORT RICHEY FL 34653**

Mailing Address

**8635 GUMTREE AVE.  
 NEW PORT RICHEY FL 34653**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3598148**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LEE, ALTON  
 8635 GUMTREE AVE.  
 NEW PORT RICHEY FL 34653**

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, 2002 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          | P                        | <input type="checkbox"/> Delete |
| NAME           | LEE, ALTON               |                                 |
| STREET ADDRESS | 8635 GUMTREE AVE.        |                                 |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34653 |                                 |
| TITLE          | V                        | <input type="checkbox"/> Delete |
| NAME           | LEE, SUE                 |                                 |
| STREET ADDRESS | 8635 GUMTREE AVE         |                                 |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34653 |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | MORSE, MARI E            |                                 |
| STREET ADDRESS | 5438 AMY LANE            |                                 |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34652 |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | LEE, ANGELA              |                                 |
| STREET ADDRESS | 17416 HARMONY DRIVE      |                                 |
| CITY-ST-ZIP    | HUDSON FL 34667          |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | LEE, DAVID               |                                 |
| STREET ADDRESS | 5611 MALLOW ST           |                                 |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34652 |                                 |
| 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    |   |
| 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:

*W. Alton Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mar 22, 2002*

Date

*727 514-3524*

Daytime Phone #

CR2E034 (9/01)