

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084019

1. Entity Name
LEE ALAN ENTERPRISES INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90202 034 ***150.00

Principal Place of Business

433 S. PAULA DR. #40
DUNEDIN FL 34698

Mailing Address

433 S. PAULA DR. #40
DUNEDIN FL 34698

00054352



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

433 Paula Dr So.
Suite, Apt. #, etc.
#40

3. Mailing Address

433 Paula Dr So
Suite, Apt. #, etc.
#40

City & State

Dunedin FL

City & State

Dunedin F

4. FEI Number 59-3603605

Applied For
Not Applicable

Zip

34698

Country

USA

Zip

34698

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUDERS, DIANA
433 S. PAULA DR. #40
DUNEDIN FL 34698

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 DIANA LUDERS President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 | LUDERS, DIANA | |
| STREET ADDRESS | 433 S. PAULA DR. #40 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | LUDERS, MICHAEL | |
| STREET ADDRESS | 433 S. PAULA DR. #40 | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| 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 | <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 | |
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| 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: DIANA LUDERS DIANA Lee Luders President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01 (727) 733-0435

Date

Daytime Phone #

CR2E034 (10/00)