

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
 04-14-2001 90005 046 ***150.00

0336935

DOCUMENT # S38043

1. Entity Name
LEE'S CABLE CONTRACTOR, INC.

Principal Place of Business
4199 DRAWDY ROAD
PLANT CITY FL 33567
US

Mailing Address
4199 DRAWDY ROAD
PLANT CITY FL 33567
US

529000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4199 Drawdy Rd
Plant City FL
 Suite, Apt. #, etc.

3. Mailing Address
4199 Drawdy Rd
 Suite, Apt. #, etc.

City & State

City & State
Plant City, FL

4. FEI Number **59-3086653**

Applied For
 Not Applicable

Zip
33567

Country
Hills

Zip
33567

Country
Hills

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

LEE, DENVER
4199 DRAWDY BLVD
PLANT CITY FL 33567

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 *Dennis F. Lee*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4-10-01*

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
LEE, DENVER
4199 DRAWDY BLVD
PLANT CITY FL 33567 ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Dennis F. Lee*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 213-918-5858
 Date Daytime Phone #

CR2E034 (10/00)