## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Lee F. Emerson JASSOC., P. A.

DOCUMENT # **V** 39817

New a

## FILED Apr 18, 2003 8:00 am Secretary of State

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	DO NOI WAILE			·	•		
2. Principal P	Place of Business	3. Mailing Address					
2190 _ Suite, Apt.	Sheridan Koad #, etc.	Suite, Apt. #, etc.	.)		DO NOT WRITE	IN THIS SPAC	E
City & State	e	City & State		4. F.	El Number		Applied For
Mt. De	ora, FL	7:	Country	6	5-033527	<u> </u>	Not Applicable
3275	Country •	Zip	Country	<b>5.</b> C	Certificate of Status Desired	□ \$8.7	75 Additional Required
	erine i se samen en e		Name	7. Nai	me and Address of Current R	egistered Age	nt
	DO NOT WI	DITE	Name	<u>Lee</u>	- Ener	son	
	DO NOT WI		Street A	2190	ox Number is Not Arceptable)	rad	
	IN-THIS-SP	ACE					
			City 🖋	nd i	<u></u>	FL 3	ip Code
				CT, L	Oro.		32757
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or	registered age	ent, or both, in the State of Florid	pa. i am iamilia J	r with, and accept
	40 9 Su	210 000			4	1/1/4/	~~
SIGNATŲRE .	Signature, typed or printed name of Agistered agent an	d title if applicable. (NOTE:	Registered Agent signatu	re required when rei	nstating)	DATE	<del>//</del>
	nuary 1 - May 1, Fee is \$150.00				A Floring Compains Finan		25.00
***	After May 1, Fee is \$550.00 Amended UBR is \$61.25				<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>	icing	\$5.00 May Be Added to Fees
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10.	OFFICERS AND D	DIRECTORS					
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12. I hereby o	pertify that the information supplied with t	his filing does not qualify for	the exemption stat	ed in Section 1	19.07(3)(i), Florida Statutes. I fu	urther certify the	at the information

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes. 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 10 or or an attachment with an address, Wh all other the empowered.

SIGNATURE: VELY- MULLISIAN LLE

Data

Daytime Phone #

32E034B (12/02)