

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0695439
FP

05-01-2003 90366 025 ***150.00

DOCUMENT # P02000086746

1. Entity Name
LISITANO BUSINESS SERVICE INC.



Principal Place of Business
**3101 WHISPERLAKE LN.
APT. G
WINTER PARK FL 32792
US**

Mailing Address
**3101 WHISPERLAKE LN.
APT. G
WINTER PARK FL 32792
US**



2. Principal Place of Business
968 Norfolk Court
Suite, Apt. #, etc.

3. Mailing Address
968 Norfolk Court
Suite, Apt. #, etc.

City & State
Longwood FL
Zip Country
32750 Seminole

City & State
Longwood FL
Zip Country
32750 Seminole

4. FEI Number
11-36606004
Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LISITANO, ROBERTO G
3098 WHISPERLAKE LN.
APT. D
WINTER PARK, FL 32792**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President	<input type="checkbox"/> Delete
NAME Sebastiao Lisitano	
STREET ADDRESS 4124 Gulfstream Bay Ct	
CITY-ST-ZIP Orlando FL 32822	
TITLE Registered Agent	<input type="checkbox"/> Delete
NAME Roberto G. Lisitano	
STREET ADDRESS 968 Norfolk Court	
CITY-ST-ZIP Longwood FL 32750	
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"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sebastiao Lisitano Date: 4-26-03 Daytime Phone #: 407-208-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)