

FILED
May 05, 2003 8:00 am
Secretary of State

04-18-2003 90171 002 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706669

1. Entity Name
FLEUR-DE-LIS, INC.



Principal Place of Business
#1 NO. GOLFVIEW DR.
LAKE WORTH FL 33460

Mailing Address
#1 NO. GOLFVIEW DR.
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1003399

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SMILEY, WILLIAM
1 NORTH GOLFVIEW DR APT 402
LAKE WORTH FL 33460

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

William E. Smiley

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

(NOTE: Registered Agent signature required when reinstating)

4/10/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GREENE, JAY	1 N GOLFVIEW # 205	LAKE WORTH FL 33460	<input type="checkbox"/>
T	QUINN, ANDREW	1 N GOLFVIEW ROAD #304	LAKE WORTH FL	<input checked="" type="checkbox"/>
D	WELDY, JOANNE	1 N GOLFVIEW # 501	LAKE WORTH FL 33460	<input type="checkbox"/>
VP	WADDEN, JOHN	1 N GOLFVIEW, #602/603	LAKE WORTH FL	<input type="checkbox"/>
D	TURISEO, AL	1 N GOLFVIEW # 503	LAKE WORTH FL 33460	<input checked="" type="checkbox"/>
D	SMILEY, WILLIAM	1 N GOLFVIEW # 402	LAKE WORTH FL 33460	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
SECRETARY	WELDY, JOANNE	1 N GOLFVIEW #501	LAKE WORTH, FL 33460	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	JENNIFER CORBETT	1 N GOLFVIEW # 401	LAKE WORTH, FL 33460	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	Smiley, William I	1 N GOLFVIEW #402	LAKE WORTH, FL 33460	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 617, 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:

William E. Smiley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

(561) 585-5227
Daytime Phone #

CR2E037 (10/02)