

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90040 037 ***150.00

03/18/02 AV

DOCUMENT # 495348

1. Entity Name
LISE TARR, INC.

Principal Place of Business

**911 VILLAGE BLVD
 SUITE 803
 WEST PALM BCH FL 33409**

Mailing Address

**911 VILLAGE BLVD
 SUITE 803
 WEST PALM BCH FL 33409**

2. Principal Place of Business

636 Lighthouse DR.

Suite, Apt. #, etc.

3. Mailing Address

636 Lighthouse DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Palm Beach FL

City & State

N. Palm Beach FL

4. FEI Number

59-1674071

Applied For

Not Applicable

Zip

33408

Country

Palm Beach

Zip

33408

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TARR, LISE
 911 VILLAGE BLVD SUITE 803
 WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

TARR, LISE

Street Address (P.O. Box Number is Not Acceptable)

636 Lighthouse DR.

City

N. Palm Beach

FL

Zip Code

33408

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD TARR LISE 636 LIGHTHOUSE DR N PALM BEACH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, A H 636 LIGHTHOUSE DR N PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

3/4/02

561-844-0423

Date

Daytime Phone #

CR2E034 (9/01)