

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90278 030 ***150.00

DOCUMENT # F47280

1. Entity Name
LIZ DEVELOPMENT CORP.



Principal Place of Business
**501 E. KENNEDY BLVD., #1700
TAMPA FL 33602-4988**

Mailing Address
~~101 E KENNEDY BLVD~~
~~1250~~
~~TAMPA FL 33602-5197~~



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
501 E. Kennedy Blvd.
Suite, Apt. #, etc.
Suite 1700

Suite, Apt. #, etc.

City & State

City & State
Tampa, Florida 33602

4. FEI Number
59-2132238

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

~~MORRISON, WILLIAM J~~
~~101 E KENNEDY BLVD~~
~~1250~~
~~TAMPA FL 33602-5197~~

Name
E. Jackson Boggs
Street Address (P.O. Box Number is Not Acceptable)
501 E. Kennedy Blvd., Suite 1700
City
Tampa FL Zip Code
33602

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 *E. Jackson Boggs*

(NOTE: Registered Agent signature required when reinstating)

3/26/03
DATE

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 ☒ Delete
NAME **MORRISON, WILLIAM**
STREET ADDRESS **101 E KENNEDY BLVD, 1250**
CITY-ST-ZIP **TAMPA FL 33602-5197**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DAS BOGGS, E JACKSON**
STREET ADDRESS **101 E KENNEDY BLVD, 1250**
CITY-ST-ZIP **TAMPA FL 33602-5197**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **501 E. Kennedy Blvd., Suite 1700**
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Delete
NAME **PST LINDSEY, ELIZABETH**
STREET ADDRESS **101 E KENNEDY BLVD 1250**
CITY-ST-ZIP **TAMPA FL 33602-5197**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **501 E. Kennedy Blvd., Suite 1700**
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Delete
NAME **D LINDSEY, ELIZABETH**
STREET ADDRESS **101 E KENNEDY BLVD 1250**
CITY-ST-ZIP **TAMPA FL 33602-5197**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **501 E. Kennedy Blvd., Suite 1700**
CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *E. Jackson Boggs*

3/26/03 (813) 832-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Designated Phone #

CR2E034 (10/02)