## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 06, 2001 8:00 am Secretary of State DOCUMENT # F9600006371 1. Entity Name LISA E. INC. 03-06-2001 90332 020 \*\*\*150.00 Principal Place of Business Mailing Address 24736 HARBOUR VIEW DRIVE 24736 HARBOUR VIEW DRIVE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1713657 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C-T-CORPORATION SYSTEM - -Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDS PDS TITLE □ Delete TITLE ☐ Addition Change EPSTEIN, LISA A EPSTEIN, LISA A. NAME NAME 1424 BLUE HERON ROAD STREET ADDRESS 24736 HARBOUR VIEW DRIVE STREET ADDRESS CITY-ST-7IP VIRGINIA BEACH VA 23454-1700 CITY-ST-ZIP PONTE VEDRA BEACH, FLORIDA 32082 ☐ Delete TITLE X Change ☐ Addition EPSTEIN, BARRY P NAME NAME EPSTEIN, BARRY P. 1424 BLUE HERON ROAD STREET ADDRESS STREET ADDRESS 24736 HARBOUR VIEW DRIVE CITY-ST-ZIP VIRGINIA BEACH VA 23454-1700 CITY-ST-ZIP PONTE VEDRA BEACH, FLORIDA 32082 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME\_\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 d l other like empowered

> LISA A. EPSTEIN, DIRECTOR NAME OF SIGNING OFFICER OR DIRECTOR

285-1350

Daytime Phone #