

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0402436 AV

03-05-2002 90022 016 ***150.00

DOCUMENT # G68320

1. Entity Name
LIZ FISHER INTERIOR DESIGNS, INC.

Principal Place of Business Mailing Address
816 E. ATLANTIC AVE 816 E. ATLANTIC AVE
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483
US US



2. Principal Place of Business 3. Mailing Address
85 Southeast 4th Avenue 156 Palm Circle
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#102

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Delray Beach, FL Atlantis, FL 59-2338997 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33483 USA 33462 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
FISHER, LIZ Name
816 E. ATLANTIC AVE Street Address (P.O. Box Number is Not Acceptable)
DELRAY BEACH FL 33483 **156 Palm Circle**
 City Zip Code
Atlantis FL 33462

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 *Liz Fisher* **Liz Fisher, President** **02/19/02**
(Signature, typed or printed name of registered agent, and date 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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FISHER, LIZ 816 E. ATLANTIC AVENUE DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 156 Palm Circle Atlantis, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, LIZ 816 E. ATLANTIC AVE DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 156 Palm Circle Atlantis, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *Liz Fisher* **REQUIRED** **02/19/02 (561) 715-2600**
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)

CR2E034 (9/01)