

2002 UNIFORM BUSINESS REPORT (UBR)

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

0402436 AV

DOCUMENT # G68320

1. Entity Name
LIZ FISHER INTERIOR DESIGNS, INC.

03-05-2002 90022 016 ***150.00

Principal Place of Business

**816 E. ATLANTIC AVE
 DELRAY BEACH FL 33483
 US**

Mailing Address

**816 E. ATLANTIC AVE
 DELRAY BEACH FL 33483
 US**



2. Principal Place of Business

85 Southeast 4th Avenue

3. Mailing Address

156 Palm Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#102

City & State

Delray Beach, FL

City & State

Atlantis, FL

Zip

33483

Country

USA

Zip

33462

Country

USA

4. FEI Number

59-2338997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FISHER, LIZ
 816 E. ATLANTIC AVE
 DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

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

156 Palm Circle

City

Atlantis

FL

Zip Code

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

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

Liz Fisher, President

(NOTE: Registered Agent signature required when reinstating)

DATE

02/19/02

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 **PST** ☐ Delete
 NAME **FISHER, LIZ**
 STREET ADDRESS **816 E. ATLANTIC AVENUE**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Delete
 NAME **FISHER, LIZ**
 STREET ADDRESS **816 E. ATLANTIC AVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **156 Palm Circle**
 CITY-ST-ZIP **Atlantis, FL 33462**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **156 Palm Circle**
 CITY-ST-ZIP **Atlantis, FL 33462**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
 (Signature and typed or printed name of signing officer or director)

02/19/02

Date

(561) 715-2600

Daytime Phone #

CR2E034 (9/01)