

2001 UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 21, 2001 8:00 am
Secretary of State
 04-30-2001 90038 048 ***150.00

DOCUMENT # J75018
 Entity Name
LISA STEVENS DELRAY, INC.

Principal Place of Business 4900 W. LINTON BLVD. #25 DELRAY FL 33445 US	Mailing Address 4900 W. LINTON BLVD #25 DELRAY FL 33445 US
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2. Principal Place of Business 4900 W. Linton Blvd	3. Mailing Address 4900 W. Linton Blvd
Suite, Apt. #, etc. #25	Suite, Apt. #, etc. #25

City & State Delray Beach FL	City & State Delray Beach
Zip 33445	Zip 33445
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2810590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BLUMBERG, NANCY-M
 5846 NW 24TH TERR.
 6555 NW 9TH AVE
 BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Nancy Blumberg*
 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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUMBERG, NANCY 5846 NW 24TH TERR BOCA RATON FL <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
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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: *Nancy Blumberg* **Nancy Blumberg** 5/10/01 561-994-6687
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)