

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90252 015 ****55.00

DOCUMENT # L98000001191

1. Entity Name

LISA MARIE ENTERPRISES, L.C.

Principal Place of Business

205 NORTH TEXAS AVENUE, SUITE 3
TAVARES FL 32778

Mailing Address

205 NORTH TEXAS AVENUE, SUITE 3
TAVARES FL 32778

2. Principal Place of Business

5145 LATROBE DR.

3. Mailing Address

5145 LATROBE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE, FL

City & State

WINDERMERE, FL

Zip

34786

Country

ORANGE

Zip

34786

Country

ORANGE

4. FEI Number

59-3525258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, LISA MARIE
205 NORTH TEXAS AVENUE, SUITE 3
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name REED, LISA MARIE

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

5145 LATROBE DR.

City WINDERMERE

FL

Zip Code

34786

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME REED, LISA MARIE ☐ Delete
STREET ADDRESS 205 NORTH TEXAS AVENUE, SUITE 3
CITY-ST-ZIP TAVARES FL 32778

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME REED, LISA MARIE
STREET ADDRESS 5145 LATROBE DR.
CITY-ST-ZIP WINDERMERE, FL 34786

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

TITLE
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/02

407-876-4024

CR2E083 (9/01)