

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007722			
1. Entity Name LISA MATHESON, LLC			
Principal Place of Business 7634 SOLIMAR CIRCLE BOCA RATON FL 33433		Mailing Address 7634 SOLIMAR CIRCLE BOCA RATON FL 33433-1035	
2. Principal Place of Business 1515 South Federal Hwy		3. Mailing Address 7634 Solimar Circle	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc.	
City & State Boca Raton, Florida		City & State Boca Raton, Florida	
Zip 33432	Country USA	Zip 33433	Country USA
6. Name and Address of Current Registered Agent ERIC J. MATHESON, P.A. 205 WORTH AVENUE, SUITE 310 PALM BEACH FL 33480		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State			
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MATHESON, LISA 7634 SOLIMAR CIRCLE BOCA RATON FL 33433 <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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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: *Lisa Matheson* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER** **4/28/00/561/338-5275**
Signature Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)