

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90442 007 \*\*\*150.00

**DOCUMENT # P00000016099**

1. Entity Name  
**LA CRUZ MANAGEMENT, CORP.**



Principal Place of Business

**4000 OCEAN BEACH  
APT 3F  
COCOA BEACH FL 32931**

Mailing Address

**4000 OCEAN BEACH  
APT 3F  
COCOA BEACH FL 32931**



2. Principal Place of Business

**906 Edgehill Drive**  
Suite, Apt. #, etc. **U**

3. Mailing Address

**906 Edgehill Dr**  
Suite, Apt. #, etc. **U**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Palm Harbor FL**

City & State  
**Palm Harbor FL**

4. FEI Number  
**59-3690992**

Applied For  
☐ Not Applicable

Zip  
**34684** Country  
**Pinellas**

Zip  
**34684** Country  
**Pinellas**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, ELIZABETH I  
4000 OCEAN BEACH  
APT 3F  
COCOA BEACH FL 32931**

7. Name and Address of New Registered Agent

Name  
**Elizabeth Lewis**  
Street Address (P.O. Box Number is Not Acceptable)  
**906 Edgehill Dr**  
City  
**Palm Harbor** FL  
**34684**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elizabeth Lewis*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/7/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
LEWIS, ELIZABETH I  
4000 OCEAN BEACH BLVD, APT 3F  
COCOA BEACH FL 32931** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Lewis, Elizabeth I  
906 Edgehill Dr  
Palm Harbor FL 34684** ☐ Delete **PTS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Engelman, Elizabeth  
843 Edgehill Drive  
Palm Harbor FL 34684** ☐ Delete **V**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Lewis Jay  
906 Edgehill Dr  
Palm Harbor FL 34684** ☐ Delete **S**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Elizabeth Lewis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/03**

Date

Daytime Phone #

**821 536-2843**

CR2E034 (10/02)