

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90658 008 \*\*\*150.00

**DOCUMENT # P00000062116**

**1. Entity Name**  
**LIZBETH, INC.**

**Principal Place of Business**  
**1925 6TH ST N.W.**  
**WINTER HAVEN FL 33881**

**Mailing Address**  
**P.O. BOX 961539**  
**RIVERDALE GA 30296**

**2. Principal Place of Business**  
**1925 6th St. N.W.**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**P.O. Box 961539**  
 Suite, Apt. #, etc.

**City & State**  
**Winter Haven FL.**  
**Zip** **33881** **Country** **USA**

**City & State**  
**Riverdale GA**  
**Zip** **30296** **Country** **USA**

**4. FEI Number** **59-3658791**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MONTES, MARTIN**  
**1925 6TH ST N.W.**  
**WINTER HAVEN FL 33881**

**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**

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.**  
 (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** **PT** ☐ **Delete**  
**NAME** **MONTES, MARTIN**  
**STREET ADDRESS** **350 24TH STREET NW H103**  
**CITY-ST-ZIP** **WINTER HAVEN FL 33881**

**TITLE** **VS** ☐ **Delete**  
**NAME** **MONTES, ELIZABETH**  
**STREET ADDRESS** **350 24TH STREET NW H103**  
**CITY-ST-ZIP** **WINTER HAVEN FL 33881**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**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**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Change** ☐ **Addition**  
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**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:** *Martin Montes* **4-23-02 863-298-0993**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)