

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90126 032 ***150.00

DOCUMENT # P00000081262

1. Entity Name

LIRPA ENTERPRISES, INC.

Principal Place of Business

2120 WHITEWOOD CT.
 ORLANDO FL 32837

Mailing Address

2120 WHITEWOOD CT.
 ORLANDO FL 32837

00052869



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

195 North Lake Court

Suite, Apt. #, etc.

3. Mailing Address

195 North Lake Court

Suite, Apt. #, etc.

City & State

Kissimmee Florida

City & State

Kissimmee Florida

Zip

34743

Country

USA

Zip

34743

Country

USA

4. FEI Number

52-2260759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEAVITT, APRIL

**2120 WHITEWOOD CT.
 ORLANDO FL 32837**

Name

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

195 North Lake Court

City

Kissimmee

FL

Zip Code

34743

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

April Leavitt, President

April Leavitt

2-6-2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President, Director** ☐ Delete
 NAME **April Leavitt**
 STREET ADDRESS **195 North Lake Court**
 CITY-ST-ZIP **Kissimmee, FL 34743**

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

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

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Tricia Grinhey**
 STREET ADDRESS **195 North Lake Court**
 CITY-ST-ZIP **Kissimmee FL 34743**

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ 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: **April Leavitt**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-2001 407-344-5566
 Date Daytime Phone #

CR2E034 (10/00)