2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P00000113573

1. Entity Name MARINGEN LISA INC



FILED May 05, 2003 8:00 am § Secretary of State

05-05-2003 90262 031 ***150.00

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Principal Place 305 AVE & SI WINTER HAVE		Mailing Address 305 AVE E SW WINTER HAVEN FL 33880								
2. Principal F	Place of Business	3. Mailing Address				1 (884488) 644 (8 11) 88 44 88 44 88 44		I e ilieu e iiii i	1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City & State			4.	FEI Number 59-3686400 Applied For Not Applicable				
Zip	Country	Zip	Count	try	5.	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	egistered Agent			7. Name and Address of New Registered Agent /				
				Name						
SHUFORE 305 AVE), James e e sw		Street Address			P.O. Box Number is Not Acceptable)				
WINTER HAVEN FL 33880										
_			ļ	City			FL	Zip Code	9	
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 accepted the obligations of registered agent.								and accept		
and doungaries of regimental agents										
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	F: Registered	Agent signature re	quired when	n (einstating)	DATE		}	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00						Election Campaign Final Trust Fund Contribution.	ncing		May Be	
	k Payable to Florida Department of									
10.	OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFIC				
TITLE NAME	ABE, TOSHIYUKI	Delete	TITLE NAME				Ĺ	_] Change	Addition	
STREET ADDRESS	305 AVE E SW			T ADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-	ST-ZIP						
TITLE	STV	☐ Delete	TITLE	D,	P, 5,	7		Change	☐ Addition	
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CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-		inter	- Haven FC 338				
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CITY-ST-ZIP				ST-ZIP V	when	Haven FC 3	3880		}	
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STREET ADDRESS			1	T ADDRESS					ļ	
CITY-ST-ZIP			CITY-	ST-ZIP						

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

HOUSTURE RECEDIAGO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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