## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUME

1. Entity Name

JAMIE M. LIEN



**FILED** Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90451 019 \*\*\*150.00

NT #	P01000115067	
IHARDT,	P.A.	
		SO WE TO

Principal Place of Business 17393 FUCHSIA RD FT MYERS FL 33912

17393 FUCHSIA RD FT MYERS FL 33912 Mailing Address 17393 FUCHSIA RD FT MYERS FL 33912

2. Principal Place of Business 9998 ROOKERY CIRCLE	3. Mailing Address ROOKERY CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ESTERO, FLORIDA	City & Stale ESTERO, FLORIDA
Zip Country	Zip Country



	65-1159613	_	A1-4 A1
4. FEI Number	CE 44E0040		Applied I
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<sup>18</sup> 33928	Country	33928
6. Name	and Address of Current F	Registered Agent
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LIENHARDT, JAMIE M

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

City	EST	ERD

\$8.75 Additional

Not Applicable

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 the obligations of registered agent.	am familiar with, and accept
	1

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

-Name=

DATE

	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			ļ	9. Election Campaig Trust Fund Contri		\$5.0 Added	0 May Be to Fees
10.	OFFICERS AND DIRECTO	RS	11.	ADDI	TIONS/CHANGES TO	OFFICERS AN	ND DIBECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LIENHARDT, JAMIE M 17393 FUCHSIA RD FT MYERS FL 33912	☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP		ROOKERY RO, FL	CIRC 339	X Change	, Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIENHARDT, JAMIE M 17393 FUCHSIA RD FT MYERS FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	ROOKERY		♥ Change	Addition
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12. I hereby certify that the information supplied with this filling 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: