→ FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000022490



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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|--|---|--|----------------------|---|--|--|--|
| 2. Principal Place of Business 308 Highland D. W. | 3. Mailing Address | | ALTEROTATES. | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | EINSTATEM | COLON DELICATION OF THE REPA | CE 77 | | |
| | | | | | and the same of th | ACTION ATT | |
| City & State La Keland, FL | City & State | | 4. FEI Number 61-143 | 4026 | Applied For Not Applicable | | |
| Zip 33813 Country USA | Zip | Country | | 5. Certificate of Status Desired | | .75 Additional Required | |
| [数数部15] - 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 | | | | 7. Name and Address of Current Registered Agent | | | |
| DONOTAL | Name | Lisa Schlewitz | | | | | |
| DO NOT WI | Street Ac | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| IN THIS SPACE | | | | | | | |
| | | City | <u> ۵۵۲</u> | Highland D | | Zip Code | |
| | * | City | <u></u> | <i>lkeland</i> | FL | E1885 | |
| 8. The above named entity submits this statement for | the purpose of changing I | its registered office or | register | ed agent, or both, in the State of Fl | orida. I am famil | iar with, and accept | |
| the obligations of registered agent. | | | | | | { | |
| SIGNATURE | | | | | | <u></u> | |
| Signature, typed or printed name of registered agent ar January 1 - May 1 Fee is \$150.00 | of title if applicable. (NC | OTE: Registered Agent signatur | re required | when reinstating) | DATE | | |
| After May 1, Fee is \$550.00 | | | | 9. Election Campaign Fir | ~ — | \$5.00 May Be | |
| Amended UBR is \$61.25 Make Check Payable to Florida Department of \$ | State | | | Trust Fund Contributio | ın. L | Added to Fees | |
| 10. OFFICERS AND D | | | | | | | |
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| 12. Thereby certify that the information supplied with the | nis filing does not qualify for | | d in Sec | tion 119 07(3)(i) Florida Statutos) | further certify th | et 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nov 4 863-644-0550

2012

Johnna C. Eady, C.P.A. 2724 Easton Terrace Lakeland. FL 33803

Phone & Fax 863-802-5669

email: johnna.eady@verizon.net

November 11, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Body Balancing By Lisa, Inc. Document # P02000022490 EIN# 61-1434026

> Simply Beautiful Permanent Makeup, Inc. Document # P02000124898 EIN# 61-1434027

Gentlemen:

Enclosed please find the 2003 Uniform Business Reports for the two corporations referenced above, along with a check for each in the amount of \$150.00. The taxpayers recently received a Notice of Administrative Dissolution or Revocation. However, please note that the taxpayers never received a 2003 Uniform Business Report from the Division of Corporations, nor did they ever receive any reminder or late notices. Please note that the two entities just became incorporated in the year 2002. The 2003 Uniform Business Report was the first year that the corporations needed to file these reports, but they never received them.

It is respectfully requested that the corporations not be administratively dissolved, and that the enclosed Uniform Business Reports along with the fees paid be accepted as paid in full. It is requested that any late fees be waived due to the above circumstances.

Should you need any further information, please do not hesitate to contact me.

Sincerely,

Johnna C. Eady, C.P.A.