

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

FILED
Sep 04, 2003 8:00 am
Secretary of State

0016371 AV

DOCUMENT # P02000096302

1. Entity Name

LIS-JEN ENTERPRISES, INC.



Principal Place of Business

**1100 PINAR DRIVE
ORLANDO FL 32825**

Mailing Address

**1100 PINAR DRIVE
ORLANDO FL 32825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

32-0030117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARCHENA, MARCOS R
233 S. SEMORAN BLVD.
ORLANDO FL 32807**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **VALDES, ROBERT J**
CITY-ST-ZIP **1100 PINAR DRIVE
ORLANDO FL 32825**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **VALDES, ROBERT J**
CITY-ST-ZIP **1100 PINAR DRIVE
ORLANDO FL 32825**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-29-03 407 898-0783

CR2E034 (4/03)

Attachment
LIS/JEN INC.

1308 BALDWIN DRIVE
ORLANDO, FLORIDA 32806
407/898-0783

80144091
P02000096302

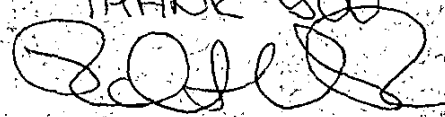
TO WHOM IT MAY CONCERN.

----- INCLOSED PLEASE FIND PAYMENT
OF \$150.00 FOR 2003 UNIFORM BUSINESS
REPORT.

THIS IS ALSO TO NOTIFY YOU
THAT THIS IS THE ONLY NOTICE
I HAVE RECEIVED REGARDING PAYING
THIS FILING FEE.

THIS IS MY FIRST YEAR FILING
AS A CORPORATION AND WAS NOT
AWARE OF THIS FILING.

PLEASE FEEL FREE TO CONTACT
ME AT 321-228-7386 IF YOU
SHOULD HAVE ANY FURTHER QUESTIONS

THANK YOU

PRESIDENT.