

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90079 037 \*\*\*158.75

0095490 AV

DOCUMENT # P02000132628

1. Entity Name  
LISA FAITH, INC.



Principal Place of Business  
2925 WEST ALLINE AVENUE  
TAMPA FL 33611

Mailing Address  
2925 WEST ALLINE AVENUE  
TAMPA FL 33611



2. Principal Place of Business

3. Mailing Address

~~2925 WEST ALLINE AVE~~ ~~2925 W. ALLINE AVE.~~  
Suite, Apt. #, etc.

City & State  
~~Tampa FL~~

City & State  
~~Tampa FL~~

4. FEI Number  
~~65-1171896~~

Applied For  
Not Applicable

Zip  
~~33611~~ Country  
~~USA~~

Zip  
~~33611~~ Country  
~~USA~~

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

FRIEDMAN, LISA  
2925 WEST ALLINE AVENUE  
TAMPA FL 33611

Name  
Street Address (P.O. Box Number is Not Acceptable)  
~~SAME~~  
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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<del>PRESIDENT LISA FRIEDMAN 2925 W. ALLINE AVENUE TAMPA, FL 33611</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PRESIDENT LISA FRIEDMAN 2925 W. ALLINE AVENUE TAMPA FL 33611</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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~~ LISA FRIEDMAN 7/9/03 813837295  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

90144614

PO2000132628

Lisa Faith

2925 Alline Ave W  
Tampa, FL 33611  
813-837-2975  
Fax-813-837-2986

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

July 9, 2003

To Whom It May Concern,

Enclosed you will find a check in the amount of \$158.75 to cover fees for the 2003 Uniform Business Report of Lisa Faith, Inc.

Please accept this letter as notification that a first report was never received at the address on the form.

Sincerely,



Lisa Friedman  
President