

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
 03-28-2002 90035 036 ***150.00

DOCUMENT # P93000085671

1. Entity Name

MONA DJ LISSA ENTERPRISES, INC.

Principal Place of Business

**804 KILT COURT
 WINTER SPRINGS FL 32708
 US**

Mailing Address

**804 KILT COURT
 WINTER SPRINGS FL 32708
 US**



2. Principal Place of Business

C/O SEABURN & ASSOC.

3. Mailing Address

C/O SEABURN & ASSOC

Suite, Apt. #, etc.

800 N. Hwy 434, SUITE 1

Suite, Apt. #, etc.

800 N. Hwy 434, SUITE 1

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS, FL

Zip

Country

32714 USA

Zip

Country

32714 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3214003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LISSA, DENNIS J
 804 KILT COURT
 WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name **DOUGLAS S. SEABURN**

Street Address (P.O. Box Number is Not Acceptable)

800 N. Hwy 434, SUITE 1

City

ALTAMONTE SPRINGS FL

Zip Code

32714

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

D.S. SEABURN

3/16/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)



**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

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

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LISSA, DENNIS J	
STREET ADDRESS	804 KILT CT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DJ LISSA DENNIS J LISSA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02 407 719 0579

Date

Daytime Phone #

CR2E034 (9/01)