

FILED
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Secretary of State

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2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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 Suite, Apt. #, etc. 800 N. HWY 434, SUITE 1 City & State ALTAMONTE SPRINGS FL Zip 32714 Country US	
3. Mailing Address C/O SEABURN & ASSOC Suite, Apt. #, etc. 400 N. HWY 434, SUITE 1 City & State ALTAMONTE SPRINGS, FL Zip 32714 Country US	
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 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, I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>D. Lissa</u> DENNIS J. LISSA 4/29/03 (NOTE: Registered Agent Signature required when electing)	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE P NAME LISSA, DENNIS J STREET ADDRESS 804 KILT CT CITY-ST-ZIP WINTER SPRINGS, FL 32708 Delete ☒	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P NAME LISSA, DENNIS J. STREET ADDRESS 1395 TUFTS CT. NE CITY-ST-ZIP PALM BAY, FL 32907 Change ☐ Addition ☒	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>D. Lissa</u> DENNIS J. LISSA 4/29/03 407-719-0579 RONALD E. AND TYLER D. PRINTED NAME OF SIGNED OFFICER OR DIRECTOR	