2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P94000001624

1. Entity Name

LIZARDI & COMPANY, INC.

Principal Place of Business	Mailing Address
3425 LKAE CENTER DRIVE STE. 1 MOUNT DORA FL 32757	3425 LKAE CENTER DRIVE STE. 1 MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3425 lake center drive	3425 lake center drive
Suite, Apt. #, etc. suite 1	Suite, Apt. #, etc. suite 1
City & State Mount Dora, FL	City & State Mount Dora, FL

Zip	Country	Zip	Country
32757	USA	32757	USA

4. FEI Number   59-3250316   Applied For / Not Applicable

5. Certificate of Status Desired   [X]   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIZARDI, PEDRO 11410 LANE PARK ROAD TAVARES FL 32778	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME LIZARDI, PEDRO STREET ADDRESS 11410 LANE PARK RD CITY-ST-ZIP TAVARES FL 32778		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (9/01)

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: _~Pedro Lizardi~_   Pedro Lizardi   01-29-02   (352) 735-3022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #