

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **946000005349**

1. Entity Name

**LIZANNE & CO., INC**

**R**

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90017 026 \*\*\*150.00

Principal Place of Business

Mailing Address

**411 S. PALM AVE**  
**SARASOTA, FL. 34236**

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

**65-0639639**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**ROY E. DEAN**  
**2940 S. TAMiami TRAIL**  
**SARASOTA, FL. 34239**

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, 2000 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 ☐ Delete  
NAME **D. VENETTA LIZANNE**  
STREET ADDRESS **120 WHISPERING OAKS CT.**  
CITY-ST-ZIP **SARASOTA FL. 34232**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**D. Venetta Lizanne Venetta** 9-1-00  
**(941) 366-8083**

CR2E034 (9/99)

attachment  
P96000005349  
B0106025

Attachment  
#

August 24, 2000

Lizanne & Co., Inc.  
41 S. Palm Ave.  
Sarasota, Florida 34236  
Lizanne Venetta, owner

Department of State

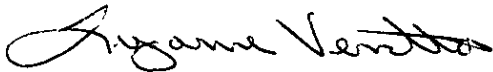
Gentlemen:

In doing a recent audit we find we have not received a notice for our corporate annual filing. Last year's filing number was P96000005349.

I contacted someone in your office today and advised me to send a letter stating the notice was never received and also enclose a check for \$150.

Enclosed please find check #2042 for the annual filing fee.

Very truly yours,



Lizanne Venetta