FILED

Mar 06, 2002 8:00 am \$ Secretary of State 03-06-2002 90087 040 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P96000056930

DOCUMENT # 1. Entity Name

LISA ARWOOD AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

OOT SE MACHIOUSE AVE

OOT AL MACHIOLIA AVE

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	- 6. Name and Address of Current Re	gistered Agent -	<u> </u>	Name /	\	Name and Address	<u> </u>	1	ent	
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SIGNATURE.	Signature, typed or printed name of registered agent and	title il applicable. (NOTE:	Registered	1 Agent signature requ	ired when re	einstating)		DATE		
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inerepy 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.