2001 UNIFORM BUSINESS REPOR (UBR) May 04, 2001 8:00 am Secretary of State DOCUMENT # **P96000065553** 1. Entity Name 05-04-2001 90074 007 ***150.00 LISA WEIL, INC. Principal Place of Business Mailing Address 8381 CITRUS CHASE DR. 8381 CITRUS CHASE DR. ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3397680 Not Applicable intry \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEIL, LISA Street Address (P.O. Box Number is Not Acceptable) 8381 CITRUS CHASE DR. ORLANDO FL 32836 City Zip Code 8. The above named entity submits this statement for the purpose of changing its regi red office or registered agent, or both, in the State of Florida Weil pres. Signature, typed or printed name of registered agent and ti FILE NOW!!! F IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be will be \$550.00 Tax filing requirement and elects to do so. After MAY 1, 2001 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable t epartment of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE ☐ Delete Change ■ Addition WEIL, LISA NAME 8381 CITRUS CHASE DR EET ADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIF ORLANDO FL TITLE Delete ☐ Change ☐ Addition NAME ET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP Delete Change TITLE Addition NAME ET ADDRESS STREET ADDRESS CITY-ST-ZiP ST-ZiP TITLE Delete ☐ Change Addition NAME ET ADDRESS STREET ADDRESS CITY+ST-ZIP -ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME SIET ADDRESS STREET ADDRESS CHST-ZIP CITY-ST-ZiP ☐ Change □ Addition TITLE ☐ Delete Γ_{i} NAME Νā S'ET ADDRESS STREET ADDRESS CST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the emption 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 signifer 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 trustice empowered to execute this report as received 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:

4-27-01 (40)