

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90032 005 ***150.00

DOCUMENT # P96000100319

1. Entity Name

LISA & LANA, INC.

Principal Place of Business

Mailing Address

**212 E 1ST STREET
 SANFORD FL 32771**

**212 E 1ST STREET
 SANFORD FL 32771-1304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3421296**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KONING, GERALD C
 2224 EARLEAF COURT
 LONGWOOD FL 32779**

Name **Koning, Gerald C.**
 Street Address (P.O. Box Number is Not Acceptable)
1052 Kersfield Circle
 City **Heathrow** **FL** Zip Code **32746**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 6/00
 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 **P** ☐ Delete
 NAME **KONING, GERALD C**
 STREET ADDRESS **2224 EARLEAF COURT**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **P** ☒ Change
 NAME **Koning, Gerald C.**
 STREET ADDRESS **1052 Kersfield Circle**
 CITY-ST-ZIP **Heathrow, FL 32746**

TITLE **VPST** ☐ Delete
 NAME **SHARON KONING**
 STREET ADDRESS **2224 EARLEAF CT**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VPST** ☒ Change
 NAME **Koning, Sharon**
 STREET ADDRESS **1052 Kersfield Circle**
 CITY-ST-ZIP **Heathrow, FL 32746**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Delete
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TITLE ☐ Change ☐ Delete
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 6/00 407-333-95
 Date Daytime Phone #