

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90101 008 ***150.00

DOCUMENT # **P97000103940**

1. Entity Name
DEE & ALISA, INC.



Principal Place of Business
**227 4TH STREET SOUTH
NAPLES FL 34102**

Mailing Address
**227 4TH STREET SOUTH
NAPLES FL 34102**



☒ CHECK HERE IF MAKING CHANGES

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 **59-3490269**

Applied For

Not Applicable

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

**SIMPSON, DEE
227 4TH STREET SOUTH
NAPLES FL 34102**

Name

Donita Simpson

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

227 4th Street South

City

Naples

FL

Zip Code **34102**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Donita Simpson**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SIMPSON, DEE**
STREET ADDRESS **227 4TH STREET SOUTH**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **PID** ☒ Change ☐ Addition
NAME **Donita Simpson**
STREET ADDRESS **227 4th St S**
CITY-ST-ZIP **Naples FL 34102**

TITLE **D** ☒ Delete
NAME **HARDISON, ALISA G**
STREET ADDRESS **227 4TH STREET SOUTH**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **Please Delete** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donita Simpson** **Donita Simpson** **3/18/03** **239 435-9833**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)