

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91380 042 \*\*\*150.00

0594466 AV

**DOCUMENT # P98000014448**

1. Entity Name  
**LISSETTE SANTOS, INC.**



Principal Place of Business  
**4110 ENTERPRISE AVENUE  
#203 & #204  
NAPLES FL 34104**

Mailing Address  
**4110 ENTERPRISE AVENUE  
#203 & #204  
NAPLES FL 34104**



2. Principal Place of Business  
**20321 Grande Oak Blvd**

3. Mailing Address  
**← Same**

Suite, Apt. #, etc.  
**# 306**

CHECK HERE IF MAKING CHANGES

City & State  
**Estero, FL.**

4. FEI Number  
**59-3494116**

Applied For  
 Not Applicable

Zip  
**33928**

Country  
**USA**

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**

**SANTOS, LISSETTE**  
**2150 ARIELLE DRIVE**  
**#505**  
**NAPLES FL 34109**

Name  
**Santos, Lissette**

Street Address (P.O. Box Number is Not Acceptable)  
**7760 Woodbrook Circle # 1**

City  
**Naples**

FL Zip Code  
**34104**

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 *Lissette Santos* **Lissette Santos** **4/23/03**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SANTOS, LISSETTE</b> <b>2150 ARIELLE DRIVE</b> <b>NAPLES FL 34109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SANTOS, MIRIAM</b> <b>2150 ARIELLE DRIVE, #505</b> <b>NAPLES FL 34109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>SANTOS, GUS JR.</b> <b>5010 CEDAR SPRINGS DRIVE, #102</b> <b>NAPLES FL 34110</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>SANTOS, MARLEEN</b> <b>5010 CEDAR SPRINGS DR #102</b> <b>NAPLES FL 34110</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lissette Santos* **Lissette Santos** **4/23/03 (239) 992-8229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)