

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038956

1. Entity Name  
KALISA ENTERPRISE, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90011 004 \*\*\*550.00

Principal Place of Business  
7173 GOLF COLONY CT., #202  
LAKE WORTH FL 33467

Mailing Address  
7173 GOLF COLONY CT., #202  
LAKE WORTH FL 33467

2. Principal Place of Business  
3175 S. Congress Ave  
Suite, Apt. #, etc.  
#201

3. Mailing Address  
305 3RD LANE  
Suite, Apt. #, etc.

City & State  
PALM SPRINGS FLA

City & State  
GREENACRES FLA

Zip Country  
33461 PALM BEACH

Zip Country  
33463 PALM BEACH

4. FEI Number 65-0835321

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LILLIE, KENNETH C  
7173 GOLF COLONY CT  
LAKE WORTH FL 33467

## 7. Name and Address of New Registered Agent

Name KENNETH C. LILLIE  
Street Address (P.O. Box Number is Not Acceptable)  
305 3RD LANE  
City GREENACRES FL Zip Code 33463

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 *Kenneth C. Lillie* KENNETH C LILLIE Pres/owner 08/13/00  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	D	<input type="checkbox"/> Delete
NAME	LILLIE, LISA K	
STREET ADDRESS	7173 GOLF COLONY COURT	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	LISA K. LILLIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	305 3RD LANE	
CITY-ST-ZIP	GREENACRES, FLA 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenneth C. Lillie* KENNETH C LILLIE 08/13/00 501 969-3190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)