

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91349 026 ***150.00

DOCUMENT # **P98000038956**

1. Entity Name

KALISA ENTERPRISE, INC
D.B.A KALISA MORTGAGE ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3175 S. CONGRESS AVE
Suite, Apt. #, etc.
PENTHOUSE SUITE

3. Mailing Address

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

DO NOT WRITE IN THIS SPACE

City & State

PALM SPRINGS, FLA.

City & State

GREENACRES FLORIDA

4. FEI Number

65-083521

Applied For

Not Applicable

Zip

33461

Country

PALM BEACH

Zip

33463

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KENNETH CAMERON LILLIE

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

305 3RD LANE

City

GREENACRES

FL

Zip Code

33463

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$81.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LISA K. LILLIE
305 3RD LANE
GREENACRES FLA 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-02 **361 965-4414**
Date Daytime Phone #

CR2E034B (12/01)