

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90500 002 ***150.00

DOCUMENT # P98000071444

1. Entity Name

LISA A. REIS, P.A.

Principal Place of Business

210 3RD STREET S.W.
NAPLES FL 34117

Mailing Address

210 3RD STREET S.W.
NAPLES FL 34117

2. Principal Place of Business

836 Anchor Pkde Drive
Suite, Apt. #, etc.

3. Mailing Address

836 Anchor Pkde Drive
Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples Florida

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

59-3523863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REIS, LISA A
210 3RD STREET S.W.
NAPLES FL 34117

7. Name and Address of New Registered Agent

Name

Lisa A. Reis

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

836 Anchor Pkde Drive

City

Naples

FL

Zip Code

34103

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

Lisa A. Reis

4/1/01

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 \$150.00
After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	REIS, LISA A	
STREET ADDRESS	210 3RD STREET S.W.	
CITY-ST-ZIP	NAPLES FL 34117	
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	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIS, LISA A.	
STREET ADDRESS	836 Anchor Pkde Drive	
CITY-ST-ZIP	Naples FL 34103	
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:

Lisa A. Reis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/01

Daytime Phone #

941-821-5083

CR2E034 (10/00)