

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90226 005 \*\*\*150.00

0122467 AT

**DOCUMENT # P99000027216**

1. Entity Name  
**LISA BODIE, P.A.**

Principal Place of Business  
**511 JANICE PLACE**  
**INDIAN ROCKS BEACH FL 33785**

Mailing Address  
**511 JANICE PLACE**  
**INDIAN ROCKS BEACH FL 33785**

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 **59-3559580**

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

**BODIE, LISA**  
**511 JANICE PLACE**  
**INDIAN ROCKS BEACH FL 33785**

Name

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

City

**FL**

Zip Code

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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee 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** ☐ Delete  
 NAME **BODIE, LISA**  
 STREET ADDRESS **511 JANICE PLACE**  
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 26/01*

Date

Daytime Phone #

**Acct # 727-577-9109**

CR2E034 (5/01)

attachment # P99000027216

# Markovitch And Associates

PROFESSIONAL  
ACCOUNTING &  
TAX SERVICES

750 94th Ave. N.  
Suite 210  
St. Petersburg,  
Florida 33702

Telephone  
(727) 577-9109  
Fax  
(727) 579-3404

A0080091

Enrolled to Practice Before IRS.

24 July 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Lisa Bodie, PA  
Document # P99000027216  
FEI: 59-3559580

To Whom It May Concern:

Enclosed please find the 2001 Uniform Business Report for the above referenced taxpayer. Also enclosed is a check in-the amount of \$150.00 for the filing fee.

The taxpayer never received the original Uniform Business Report. Please accept the form and filing fee as filed. If you have any questions, please feel free to contact this office.

Sincerely,



Kathleen M. Walker  
Accountant  
Markovitch & Associates, Inc.

Encl.: 2001UBR  
Payment Check