## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2000 8:00 am Secretary of State DOCUMENT # **P99000051667** LIZZY CORPORATION, INC. 05-13-2000 90013 008 \*\*\*150.00 Principal Place of Business Mailing Address 27473 PELICAN RIDGE CIRCLE 27473 PELICAN RIDGE CIRCLE BONITA SPRINGS FL 34135-4550 BONITA SPRINGS FL 34135 3. Mailing Address Principal Place of Business 17881 New DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4., FEI Number 69 City & State City & State 28784 うるいけん Not Applicable \$8.75 Additional Zip -Country 5. Certificate of Status Desired ee Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANK, ANN T Street Address (P.O. Box Number is Not Acceptable) 2124-AIRPORT ROAD SOUTH NAPLES FL 34112 City 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 recuired when reinstating) 9: This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 \$5:00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition ☐ Change ☐ Delete TITLE MEYER, ELIZABETH NAME NAME STREET ADDRESS 27473 PELICAN RIDGE CIRCLE STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY - ST-ZIF ☐ Addition Change TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP — 🔲 Addition Ti Change TITLE ☐ Detete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Daytime Phone #