

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # P92000010103

1. Entity Name
LORI E. DESIGNS, INC.

Principal Place of Business 265 SOUTH FEDERAL HWY., S-113 SUITE 298 DEERFIELD BCH. FL 33441 US	Mailing Address 265 SOUTH FEDERAL HWY., S-113 DEERFIELD BCH. FL 33441
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2. Principal Place of Business 265 SOUTH FEDERAL HWY.	3. Mailing Address 265 SOUTH FEDERAL HWY.
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Suite, Apt. #, etc. #298	Suite, Apt. #, etc. #298
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City & State DEERFIELD BCH. FL	City & State DEERFIELD BCH. FL
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Zip 33441	Country US	Zip 33441	Country
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4. FEI Number 65-0372581	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RETTERRALL LORI
2817 NE 32ND ST.

LIGHTHOUSE POINT FL
33064 US

7. Name and Address of New Registered Agent

Name
RETTERRATH LORI E

Street Address (P.O. Box Number is Not Acceptable)
2817 NE 32ND ST.

City
LIGHTHOUSE POINT FL Zip Code
33064

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 **LORI E. RETTERRATH** **04/29/2001**
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 VP	<input type="checkbox"/> Delete
NAME RETTERRATH ROBERT E	
STREET ADDRESS 2817 NE 32 ST.	
CITY-ST-ZIP LHP FL	
TITLE P	<input type="checkbox"/> Delete
NAME RETTERRATH LORI E	
STREET ADDRESS 2817 NE 32 ST.	
CITY-ST-ZIP LHP FL	
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	<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
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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: Lori Retterath **Pres** **04/29/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)