

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	Mailing Address
265 SOUTH FEDERAL HWY., S-113	265 SOUTH FEDERAL HWY., S-113
SUITE 298	
DEERFIELD BCH. FL	DEERFIELD BCH. FL
33441 US	33441

2. Principal Place of Business	3. Mailing Address
265 SOUTH FEDERAL HWY.	265 SOUTH FEDERAL HWY.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#298	#298

City & State	City & State
DEERFIELD BCH. FL	DEERFIELD BCH. FL

Zip	Country	Zip	Country
33441	US	33441	

4. FEI Number	Applied For
65-0372581	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**RETTERALL LORI**
2817 NE 32ND ST.

LIGHTHOUSE POINT FL
33064 US**7. Name and Address of New Registered Agent**Name
RETTERATH LORI E
Street Address (P.O. Box Number is Not Acceptable)
2817 NE 32ND ST.

City **FL** Zip Code
LIGHTHOUSE POINT 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. RETTERATH****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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	RETTERATH ROBERT E	
STREET ADDRESS	2817 NE 32 ST.	
CITY-ST-ZIP	LHP FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RETTERATH 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		
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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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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)