

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90047 018 ***150.00

DOCUMENT # F46066

1. Entity Name
LORILEI ENTERPRISES, INC.

Principal Place of Business

3930 US ONE SOUTH
ST AUGUSTINE FL 32080
US

Mailing Address

3930 US ONE SOUTH
ST AUGUSTINE FL 32080
US

2. Principal Place of Business

3930 Panama Station
Suite, Apt. #, etc.

3. Mailing Address

361 A1A Beach Blvd
Suite, Apt. #, etc.

City & State

City & State

St. Aug Beach

4. FEI Number **59-2136306**

Applied For

Not Applicable

Zip

Country

Zip

Country

32080

U.S.

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

AESCHBACH, ROSEMARY
3930 U.S. ONE SOUTH
ST AUGUSTINE FL 32086

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 *Rosemary Aeschbach*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/02
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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVP** ☐ Delete
NAME **AESCHBACH, ROSEMARY A**
STREET ADDRESS **3930 U.S. 1-SOUTH**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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

TITLE ☐ Delete
NAME **ST EATON, LISA M**
STREET ADDRESS **1377 PRINCE RD**
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Rosemary Aeschbach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 *904-471-7939*
Date Daytime Phone #

CR2E034 (9/01)