

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90384 031 ***150.00

DOCUMENT # G58941

1. Entity Name
LOST TREE INTERIORS INC.



Principal Place of Business
**C/O SALLY W GRIEB
11437 OLD HARBOUR RD
N. PALM BEACH FL 33408
US**

Mailing Address
**C/O SALLY W GRIEB
11437 OLD HARBOUR RD
N. PALM BEACH FL 33408
US**

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 **59-2343845**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIEB, SALLY W.
11437 OLD HARBOUR RD
N. PALM BEACH FL 33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sally W. Grieb, President DATE 3-31-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **GRIEB, SALLY W**
STREET ADDRESS **11437 OLD HARBOUR RD**
CITY-ST-ZIP **N PALM BCH, FL 00000**

TITLE **DP** ☒ Change ☐ Addition
NAME **Sally Grieb**
STREET ADDRESS **11437 Old Harbour Road**
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **VP** ☐ Delete
NAME **ERDMANN, LISA ECCLESTONE**
STREET ADDRESS **275 BARCELONA RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **T** ☐ Delete
NAME **MENDELSON, WENDY**
STREET ADDRESS **1929 PONTEGE LANDING N**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **Wendy Mendelsohn** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1929 Portage Landing North**
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **S** ☐ Delete
NAME **ECCLESTONE, PATRICIA D**
STREET ADDRESS **1303 LAKE WORTH LANE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sally W. Grieb, President DATE 3-31-03 561-624-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)