

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91763 007 \*\*\*155.00

**DOCUMENT # P00000030462**

1. Entity Name  
**LORENEM, INC.**



Principal Place of Business  
**2102 SE 15TH STREET  
CAPE CORAL FL 33903**

Mailing Address  
**2102 SE 15TH STREET  
CAPE CORAL FL 33903**



2. Principal Place of Business  
**33990 1037 SE 19 Ave Cape Coral FL**  
Suite, Apt. #, etc.

3. Mailing Address  
**1037 SE 19 Ave Cape Coral FL 33990**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Cape Coral FL**  
Zip  
**33990** Country  
**USA**

City & State  
**Cape Coral FL**  
Zip  
**33990** Country  
**USA**

4. FEI Number  
**65-0997008**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NOFIL & NOFIL, P.A.  
3284 NORTH STATE ROAD 7  
LAUDERDALE LAKES FL 33319**

**7. Name and Address of New Registered Agent**

Name  
**Lesline Nembhard**  
Street Address (P.O. Box Number is Not Acceptable)  
**1037 SE 19 Ave**  
City  
**Cape Coral FL** Zip Code  
**33990**

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 **Lesline Nembhard**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD NEMBARD, OWEN 2102 SE 15TH STREET CAPE CORAL FL 33903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD NEMBARD, LESLINE 2102 SE 15TH STREET CAPE CORAL FL 33903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **LESLINE NEMBARD**  
**Lesline Nembhard**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**H 239 573 8808**  
**4/22/03 C 239 994 1520**  
Date Daytime Phone #

CR2E034 (10/02)