

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063535

1. Entity Name

INTERIOR DESIGN BY LORETTA, INC.

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-05-2001 90318 045 ***150.00

- 73984

Principal Place of Business Mailing Address
% DAVID K. HIRSCH % DAVID K. HIRSCH
175 W. CAMINO REAL 175 W. CAMINO REAL
BOCA RATON FL 33432 BOCA RATON FL 33432

2. Principal Place of Business 3. Mailing Address
6154 Bay Isles Drive same
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Boynton Beach FL
Zip Country Zip Country
33437 Palm Beach 33437 USA

4. FEI Number Applied For
59-3660996 Not Applicable

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

6. Name and Address of Current Registered Agent

HIRSCH, DAVID K
175 W. CAMINO REAL - accountant only
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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

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 NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
President Loretta Hepner
6154 Bay Isles Drive
Boynton Beach FL 33437

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE NAME ☐ 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: Loretta Hepner Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 56-733-4958
Date Daytime Phone #

CR2E034 (10/00)