

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90138 042 ***150.00

DOCUMENT # P01000002854



1. Entity Name
LENNART'S INTERIOR DECORATING, INC.

Principal Place of Business
**2801-1 EAST ARAGON BLVD.
SUNRISE FL 33313**

Mailing Address
**2801-1 EAST ARAGON BLVD.
SUNRISE FL 33313**



2. Principal Place of Business
5068 Ambler Lane
Suite, Apt. #, etc.

3. Mailing Address
5068 Ambler Lane
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lake Worth FL

City & State
Lake Worth FL

4. FEI Number
65-1065606

Applied For
 Not Applicable

Zip
33463 Country
USA

Zip
33463 Country
USA

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

ANDERSSON, LENNART
2801-1 EAST ARAGON BLVD.
SUNRISE FL 33313

Name
Andersson Lennart
Street Address (P.O. Box Number is Not Acceptable)

5068 Ambler Lane
City **Lake Worth** **FL** Zip Code **33463**

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

(NOTE: Registered Agent signature required when reinstating)

DATE
01-17-03

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	D <input type="checkbox"/> Delete ANDERSSON, LENNART 2801-1 EAST ARAGON BLVD. SUNRISE FL 33313
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
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Andersson Lennart 5068 Ambler Lane Lake Worth FL 33463
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
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
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)(j), 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **01-17-03** DAYTIME PHONE #: **954-8291841**

CR2E034 (10/02)