

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)

01-17-03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
ANDERSSON, LENNART
STREET ADDRESS
2801-1 EAST ARAGON BLVD.
CITY-ST-ZIP
SUNRISE FL 33313

TITLE
D ☒ Change ☐ Addition
NAME
Andersson Lennart
STREET ADDRESS
5068 Ambler Lane
CITY-ST-ZIP
Lake Worth FL 33463

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-03 954-8291841

Date Daytime Phone #

CR2E034 (10/02)