

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90098 036 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000109732

1. Entity Name

CREATIVE DESIGNS BY LORI ANN, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
167 NE 2ND AVENUE

Suite, Apt. #, etc.

3. Mailing Address  
167 NE 2ND AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DEERFIELD BEACH FL

City & State  
DEERFIELD BEACH FL

4. FEI Number  
47-0882194

Applied For  
Not Applicable

Zip  
33441

Country

Zip  
33441

Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LORI ANN PON

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

167 NE 2ND AVENUE

City DEERFIELD BEACH

FL

Zip Code  
33441

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

*Lori Ann Pon*

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/05/03

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	LORI ANN PON 7609 NW 40TH STREET CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lori Ann Pon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/05/03  
Date

Daytime Phone #

CR2E034B (12/02)

Attachment

80147363  
#P02000109732

August 28, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O Box 1500  
Tallahassee, FL 32301-1500

**RE: CREATIVE DESIGNS BY LORI ANN**  
**167 NE 2<sup>ND</sup> AVENUE**  
**DEERFIELD BEACH, FL 33441**

**DOCUMENT # P02000109732**  
**FEI # 47-0882194**

Attached please find the completed Uniform Business Report for 2003.

I am attaching a check for \$150.00.

I am respectfully requesting that the late penalty-filing fee be waived, as I am not in receipt of the first request for completion of this report. I recently changed accountants and as a results of this did not receive the original form request.

Thank-you in advance for your understanding and cooperation in the above noted matter.

Sincerely



Lori Ann Pon