

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90065 026 ***150.00

0317760 AV

DOCUMENT # P94000064434

1. Entity Name

LORI'S CREATIONS, INC.

Principal Place of Business

**6220 SW 5 CT
 PLANTATION FL 33317**

Mailing Address

**2601 SOUTH WEST 31ST
 SUITE 206
 FORT LAUDERDALE FL 33312**

2. Principal Place of Business

LORI'S Creations

3. Mailing Address

← Same

Suite, Apt. #, etc.

6120 Cedar Tree Lane

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

Zip

34116

Country

USA

Zip

34116

Country

USA

4. FEI Number

65-0513197

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JONAITIS, LORI
 6220 SW 5 CT
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name **Jonaitis Lori**

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

6120 Cedar Tree Lane

City

Naples

FL

Zip Code

34116

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/02

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, 2002 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 **PD** ☐ Delete
 NAME **JONAITIS, LORI**
 STREET ADDRESS **6220 SW 5TH CT.**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **PD** ☐ Delete
 NAME **CHRZESCIAN, MARK**
 STREET ADDRESS **6220 SW 5TH CT.**
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Jonaitis, Lori**
 STREET ADDRESS **6120 Cedar Tree Lane**
 CITY-ST-ZIP **Naples FL 34116** Address

TITLE **Vice PD** ☒ Change ☐ Addition
 NAME **Chrzeszczan, mark**
 STREET ADDRESS **6120 Cedar Tree Lane**
 CITY-ST-ZIP **Naples FL 34116** Address

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/02 941-348-1509

Date

Daytime Phone #

CR2E034 (9/01)