

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013030

1. Entity Name

TILLBERG DESIGN U.S., INC.

Principal Place of Business

174 ROYAL PALM DR
FT LAUDERDALE FL 33301

Mailing Address

174 ROYAL PALM DR
FT LAUDERDALE FL 33301-1411

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0649894

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

LIPSON, SAUL B
1515 UNIVERSITY DR #222
CORAL SPRINGS FL 33071

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, 2000 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
STREET ADDRESS
CITY-ST-ZIP

D
TILLBERG, DOROTHY
174 ROYAL PALM DRIVE
FT LAUDERDALE FL 33301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MD
TILLBERG, TOMAS
174 ROYAL PALM DR
FT LAUDERDALE FL 33301

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

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

SIGNATURE:

Dorothy Tillberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOROTHY TILLBERG

Date

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90103 027 ***150.00



DO NOT WRITE IN THIS SPACE