INFORMATION REGARDING RETURNED CHE

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and cons
the entity if a replacement payment with service charge and report are not resubmitte

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90746 043 ***150.00

Entity Name
Tillberg Design U.S.

Doc #

DO NOT WRITE IN THIS SPACE

90123308

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2300 E. Las Olas Blvd	Tillberg Design U.S.	
Suite, Apt. #, etc. Ft. Lauderdale	Suite, Apt. #, etc. 2300 E. Las Olas Blvd	
City & State Fl.	City & State Ft Lauderdale, FL	4. FEI Number 650649894 ☐ Applied For ☐ Not Applicable
Zip 33301 Country USA	Zip 33~~301~~ 304 Country USA	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: LIPSON, SAUL B

Street Address (P.O. Box Number is Not Acceptable):
1515 University Dr #222
Coral Springs, Fl 33071

City: FL Zip Code: 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: _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing it)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President Tomas Tillberg 2300 E. Las Olas Blvd Ft Lauderdale, Fl 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tomas Tillberg P 24 April 03 954 761-4098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SENT BY: SAUL B. LIPSON