

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90087 008 \*\*\*150.00

**DOCUMENT # P97000046214**

1. Entity Name  
**LORRAINE'S DESIGN STUDIO, INC.**



Principal Place of Business

~~5075 NORTH A1A~~  
~~VERO BEACH FL 32963~~

Mailing Address

7345 35TH CT  
VERO BEACH FL 32967

2. Principal Place of Business

9430 US Hwy 1

3. Mailing Address

Suite, Apt. #, etc.

City & State

SEBASTIAN FL

City & State

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0759008**

Applied For

Not Applicable

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

**WALLACE, LORRAINE**  
**7345 - 35TH CT**  
**VERO BEACH FL 32967**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WALLACE, LORRAINE	
STREET ADDRESS	2390 6TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALLACE, DAWN	
STREET ADDRESS	2390 6TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32962	
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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**  
LORRAINE WALLACE

3-3-03 772-581-8677

Date Daytime Phone #

CR2E034 (10/02)