

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA7000096551**
1. Entity Name: **LORRAINE CARLONE INTERIORS, INC.** ✓

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90017 032 ***150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 760-4th ST. NE. NAPLES, FL 34120		Mailing Address 6017 PINE RIDGE RD #180 NAPLES, FL 34119	
2. Principal Place of Business 760-4th ST. NE Suite, Apt. #, etc.		3. Mailing Address 6017 PINE RIDGE RD Suite, Apt. #, etc. #180	
City & State NAPLES, FL Zip 34120 Country COLLIER		City & State NAPLES, FL Zip 34119 Country COLLIER	
4. FEI Number 59-3488637		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
7. Name and Address of New Registered Agent			
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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PIRES LORRAINE CARLONE 760-4th ST NE NAPLES, FL 34120		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: L. M. Cantor		Date: 2-24-00 Daytime Phone #: 941-348-1336	

CR2E034 (9/99)