

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069905

1. Entity Name

ROBERTA L. LEMOINE INTERIOR DESIGN, INC.

R

Principal Place of Business

830 PINETREE DR.
INDIAN HARBOUR BEACH FL 32937

Mailing Address

830 PINETREE DR.
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-31005752

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

SLOAN, EMMY H
446 S. NEPTURNE DR.
SATELLITE BEACH FL 32937

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LEMOINE, ROBERTA L
STREET ADDRESS 333 S. PATRICK DR. #30
CITY-ST-ZIP SATELLITE BEACH FL 32937

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

TITLE D ☐ Delete
NAME LEMOINE, NORMAN
STREET ADDRESS 333 S. PATRICK DR. #30
CITY-ST-ZIP SATELLITE BEACH FL 32937

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

TITLE D ☐ Delete
NAME SABELLA, KRISTYN
STREET ADDRESS 333 S. PATRICK DR. #30
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☒ Change ☐ Addition
NAME Bray, Kristyn
STREET ADDRESS 6140 Baltimore Ave.
CITY-ST-ZIP Port St. John, FL 32927

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Lemoine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00
Date

321-729-4592
Daytime Phone #

CR2E034 (5/00)

P99000699 05

Attaehimena

A0070013

830 Pinetree Drive
Indian Harbour Beach, FL 32937

July 24, 2000

RE: 2000 Uniform Business Report

Florida Department of State Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Florida Department of State Division of Corporations:

On July 19, 2000 I spoke with Jane at (850) 488-9000. Since this is our first year as a corporation and we never received the Uniform-Business-Report until July 2000, Jane approved just sending the \$150.00 fee and a brief letter explaining why we were not paying the late fee. Now we are aware of the filing to be made every January. Sorry for the inconvenience we have caused.

Sincerely,



Kristyn Bray
Secretary/Treasurer
Roberta L. LeMoine Interior Design, Inc.

Enclosures (2)

kmb