

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081912

1. Entity Name  
ORIGINAL INTERIORS, ETC., INC.

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90015 006 \*\*\*150.00

Principal Place of Business  
773 CREEKWATER TERR.. #103  
LAKE MARY FL 32746

Mailing Address  
773 CREEKWATER TERR.. #103  
LAKE MARY FL 32746

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

59-3598419

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

LORENZ, SUSAN J  
773 CREEKWATER TERR., #103  
LAKE MARY FL 32746

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President*  
*Susan J. Lorenz*  
*773 Creekwater Terr.*  
*Lake Mary, FL 32746*

☐ Delete

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

TITLE  
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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 *Susan J. Lorenz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

**From Susan Lorenz**

**Notes:** \_\_\_\_\_

To whom it may concern!

When I received  
this form - I didn't  
know what it was.  
I'm just starting  
my business.

I took it to my  
accountant, and she  
said I should  
have received one  
earlier to pay 150.00

I have not had  
an address change  
and this is the

pay000071912

Ad0094391

From Susan Lorenz

Notes:

first notice I've  
ever received.

I have no  
income at this  
time — so I am  
sending the \$150.00  
in hopes that  
it covers my  
business expense  
on this.

Sincerely  
Susan Lorenz