Apr 16, 2002 8:00 am 5 Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

P99000096087

DOCUMENT #

1. Entity Name LORRIE CONGLOSE INC.

Principal Place of Business

6947 BITTERBUSH PLACE **BOYNTON BEACH FL 33437** Mailing Address

6947 BITTERBUSH PLACE **BOYNTON BEACH FL 33437**

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



DATE

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 65-0960094	Applied For
				00-0300034	Not Applicable
Zip	Country	Zíp	Country	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		
			Name		
AALIALAAR LAR	inie		4		

CONGLOSE, LORRIE 6947 BITTERBUSH PLACE **BOYNTON BEACH FL 33437**

Street Address (P.O. Box Number is Not Acceptable)					
	- 4-4-4-4				
City			EI	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.

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

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

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	P Dele CONGLOSE, LORRIE 6947 BITTERBUSH PLACE BOYNTON BEACH FL 33437	ete title NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	dition
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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: