

# 2001 UNIFORM BUSINESS REPORT (UBR)

0078947 AV

DOCUMENT # **V23578**

1. Entity Name  
**LORRAINE JORDAN DESIGNS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01-OCT 29 AM 11:41

Principal Place of Business  
**11167 ISLEBROOK COURT  
WEST PALM BEACH FL 33414**

Mailing Address  
**11167 ISLEBROOK COURT  
WEST PALM BEACH FL 33414**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

**REINSTATEMENT** 01  
DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number **65-0320202** Applied For ☐ Not Applicable ☐

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DUFRESNE, DONALD P., ESQ.  
12788 W. FOREST HILL BLVD.  
SUITE 2003  
WEST PALM BEACH FL 33414**

7. Name and Address of New Registered Agent  
Name **Anthony M. Codella, Jr. EA**  
Street Address (P.O. Box Number is Not Acceptable) **1063 N. Umbertana Court**  
City **Wellington** FL Zip Code **33414**

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 *Anthony M. Codella, Jr.* EA ANTHONY M. CODELLA, JR. 10/19/01  
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 12, 2001 Fee 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	<b>DPS JORDAN, LORRAINE 11167 ISLEBROOK COURT W. PALM BEACH FL 33414</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JORDAN, LORRAINE 11167 ISLEBROOK COURT W. PALM BEACH FL 33414</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Lorraine Jordan* 10/19/01 561-790-4082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)