

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90157 012 ***150.00

DOCUMENT # P99000083627

1. Entity Name
LYNX PRODUCTS CORP.

Principal Place of Business 302 PRINCETON AVENUE ALPENA MI 49707	Mailing Address 302 PRINCETON AVENUE ALPENA MI 49707-1236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4910 14th ST WEST	3. Mailing Address 4910 14th ST WEST
Suite, Apt. #, etc. 202	Suite, Apt. #, etc. 202
City & State BRADENTON, FL	City & State BRADENTON, FL
Zip 34207	Country US

4. FEI Number 58-2194583	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JUOLA, JON JR. 6601 39TH AVENUE CIRCLE WEST BRADENTON FL 34209	7. Name and Address of New Registered Agent Name JUOLA, JON JR. Street Address (P.O. Box Number is Not Acceptable) 4910 14th ST WEST SUITE 202 City BRADENTON FL Zip Code 34207
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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 _____ (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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREGORY C. WINTER		NAME	
STREET ADDRESS 14436 PARALLEL AVE		STREET ADDRESS	
CITY-ST-ZIP ALPENA, MI 49707		CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEBRA J. WINTER		NAME	
STREET ADDRESS 302 PRINCETON AVE		STREET ADDRESS	
CITY-ST-ZIP ALPENA, MI 49707		CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEBRA J. WINTER		NAME	
STREET ADDRESS 302 PRINCETON AVE		STREET ADDRESS	
CITY-ST-ZIP ALPENA, MI 49707		CITY-ST-ZIP	
TITLE DIRECTOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RONALD W. WINTER		NAME	
STREET ADDRESS 9655 US 23 S		STREET ADDRESS	
CITY-ST-ZIP OSSINEKE, MI 49766		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DEBRA J. WINTER **SECRETREAS** 4-26-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)