

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91315 038 ***150.00

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1. Entity Name
LYNX PRODUCTS CORP.

Principal Place of Business
**4910 14TH ST W
106
BRADENTON FL 34207**

Mailing Address
**4910 14TH ST W
106
BRADENTON FL 34207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2194583**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUOLA, JON JR.
4910 14TH ST. W.
STE 106
BRADENTON FL 34207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WINTER, GREGORY	
STREET ADDRESS	14436 PARALLEL AVE.	
CITY-ST-ZIP	ALPENA MI 49707	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINTER, DEBRA	
STREET ADDRESS	1285 LONG RAPIDS RD.	
CITY-ST-ZIP	ALPENA MI 49707	
TITLE	T	<input type="checkbox"/> Delete
NAME	WINTER, DEBRA J	
STREET ADDRESS	1285 LONG RAPIDS RD.	
CITY-ST-ZIP	ALPENA MI 49707	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINTER, RONALD W	
STREET ADDRESS	9655 US 23 S	
CITY-ST-ZIP	OSSINEKE MI 49766	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DEBRA J. WINTER* **DEBRA J. WINTER**
SEC. - TREAS **4-21-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)