2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90061 032 ***150.00

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DOCUMENT # P96000064993

1. Entity Name
LYNN LAKE DEVELOPMENT CORPORATION OF TAMPA

Principal Place of Business	Mailing Address
8019 N HIMES AVE ~~#101~~ TAMPA FL 33614 US	8019 N HIMES AVE #101 TAMPA FL 33614 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8019 N. Himes Ave	8019 N. Himes Ave.
Suite, Apt. #, etc.: #500	Suite, Apt. #, etc.: #500
City & State: TAMPA FL.	City & State: TAMPA FL.
Zip: 33614 Country: US	Zip: 33614 Country: US

4. FEI Number 59-3409781 ☐ 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
HO, RONALD Y 8019 N HIMES AVE ~~#101~~ 500 TAMPA FL 33614	Name: HO, RONALD Y. Street Address (P.O. Box Number is Not Acceptable): 8019 N. Himes Av. #500 City: TAMPA FL Zip Code: 33614

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: Ronald Y. Ho — 4/12/2001
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 $150.00
After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HO, RONALD Y 8019 N HIMES AVE ~~#101~~ 500 TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HO, SAMUEL C 8019 N HIMES AVE ~~#101~~ 500 TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HO, LILLIAN F 8019 N HIMES AVE ~~#101~~ 500 TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Ronald Y. Ho — 4/12/2001 — 813-933-3439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #