

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90001 046 \*\*\*550.00

**DOCUMENT # 555928**

1. Entity Name  
**LYNN MACHINE SHOP, INC.**

Principal Place of Business

**5320 TOM BRYAN RD  
 WAUCHULA FL 33873  
 US**

Mailing Address

**5320 TOM BRYAN RD  
 WAUCHULA FL 33873  
 US**

2. Principal Place of Business

**5320 Tom Bryan Rd**

3. Mailing Address

**Same**

City & State

**Zolfo Springs FL**

City & State

**Same**

4. FEI Number **59-1806791**

Applied For  
☒ Not Applicable

Zip **33890** Country **Harder**

Zip Country

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

6. Name and Address of Current Registered Agent

**LYNN, EDWARD HERBERT  
 5320 TOM BRYAN RD  
 WAUCHULA FL 33873**

**Zolfo Springs, FL 33890**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

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 13, 2002 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

TITLE **PD**  
 NAME **LYNN, EDWARD HERBERT**  
 STREET ADDRESS **5320 TOM BRYAN RD**  
 CITY-ST-ZIP **WAUCHULA FL Zolfo Springs, FL 33890**

TITLE **STD**  
 NAME **LYNN, JOYCE F.**  
 STREET ADDRESS **5320 TOM BRYAN RD**  
 CITY-ST-ZIP **WAUCHULA FL Zolfo Springs, FL 33890**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (4/02)

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-26-2002 863, 773 2117**  
 Date Daytime Phone #