

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90118 019 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 696153**

1. Entity Name  
**LYNN GREEN, INC.**

Principal Place of Business

**111 BRIDGERS AVENUE  
C/O RANDY F. GREEN  
AUBURNDALE FL 33823-3501**

Mailing Address

**111 BRIDGERS AVENUE  
C/O RANDY F. GREEN  
AUBURNDALE FL 33823-3501**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

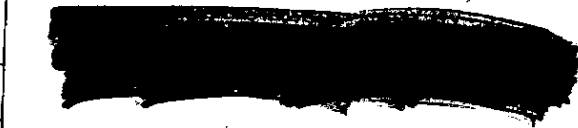
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2107724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, RANDY E  
111 BRIDGERS AVENUE  
AUBURNDALE FL**

*deceased*

7. Name and Address of New Registered Agent

Name

**Green, Lynn D.**

Street Address (P.O. Box Number is Not Acceptable)

**111 W. Bridgers Avenue**

City

**Auburndale, FL 33823**

**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.

SIGNATURE

*Lynn D. Green*

*Pres.*

*5/28/02*

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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GREEN, LYNN 1500 ARIANA BLVD AUBURNDALE FL 33823</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD GREEN, JUANITA 1500 ARIANA BLVD AUBURNDALE FL 33823</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GREEN, RANDALL E 101 POLK CITY RD AUBURNDALE FL 33823</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREEN, ROBERT R 124 MCNICHALS AVE AUBURNDALE FL 33823</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREEN, THOMAS L 111 BRIDGERS AVE AUBURNDALE FL 33823</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREEN, JAMES R 1500 ARIANA BLVD AUBURNDALE FL 33823</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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:

*Lynn D. Green*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/02*

Date

Daytime Phone #

CR2E034 (9/01)