

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2000 08:00 AM
Secretary of State

DOCUMENT # G03066

1. Entity Name
 LYNN E. ROSE, P.A., CPA

Principal Place of Business C/O LYNN E. ROSE 400 E. SOUTH ST.,#500 ORLANDO 32801 US	FL	Mailing Address C/O LYNN E. ROSE 400 E. SOUTH ST.,#500 ORLANDO 32801 US	FL
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2. Principal Place of Business C/O LYNN E. ROSE	3. Mailing Address C/O LYNN E. ROSE
Suite, Apt. #, etc. 450 S. ORANGE AVENUE	Suite, Apt. #, etc. 450 S. ORANGE AVENUE

City & State ORLANDO FL	City & State ORLANDO FL
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4. FEI Number 59-2217164	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

DO NOT WRITE IN THIS SPACE

Zip 32801	Country US	Zip 32801	Country US
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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

ROSE, LYNN E.
 400 E. SOUTH ST.,#500
 SUITE 500
 ORLANDO
 32801
 US

Name ROSE LYNN E
Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE
City ORLANDO FL
Zip Code 32801

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 E. ROSE**

03/08/2000

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, 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	DPST <input type="checkbox"/> Delete
NAME	ROSE, LYNN E
STREET ADDRESS	400 E. SOUTH ST.,#500
CITY-ST-ZIP	ORLANDO, FL 00000
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE LYNN E
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 LYNN E. ROSE

DPST 03/08/2000