2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L54178 DOCUMENT

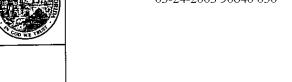
1. Entity Name

JULIE LYNN MARKETING SOLUTIONS INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90640 050 ***150.00



		·		A SHEET						
Principal Place of Business 467 SE 14TH ST DANIA BEACH FL 33004 2. Principal Place of Business		Mailing Address 467 SE 14TH ST DANIA BEACH FL 330								
		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			El Number 65-0178713		Applied For Not Applicable		
Zip Country		Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6 Name and Address of Cur	rrent Registered Agent			7Na	ame and Address of New Reg	istered Ag	<u>ent</u>		
·	G. Mario and Company			Name						
LYNN, JULIA 467 SE 14TI		Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code 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 red agent. (NOTE: Registered Agent signature required when relinstating) DATE FEE IS \$150.00 Fee will be \$550.00 See will be \$550.00								
DANIA BEACH FL 33004			ť					Zip Code		
				l .					j	
the obligatio	ns of registered agent.					<u> </u>		Time Tricing		
SIGNATURE	ignature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registere	d Agent signature requ	ired when rei	nstating)				
🍜 After I	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	0.00	,			Trust Fund Contribution.		Added		
		AND DIRECTORS	11.		ADI	DITIONS/CHANGES TO OFFIC			S IN 11	
TITLE)	☐ Delete	TITL	£				☐ Change	☐ Addition	
NAME L	YNN, JULIA A: 167 SE 14TH ST		NAM Stri	EET ADDRESS						
	DANIA BEACH FL		CITY	'-ST-ZIP						
TITLE		☐ Delete	3 TITL	1				☐ Change	Addition	
NAME STREET ADDRESS			STR	EET ADORESS (-ST-ZIP			,			
CITY-ST-ZIP		Delete	- τιπι	E - :		AND THE PARTY OF T	·	Change -	Addition	
NAME			NAA etd	ME EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP						
TITLE		Delete	e TITU	E	•	- 		☐ Change	☐ Addition	
NAME			NAM	ME REET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP		_				
TITLE		☐ Delete	e TIT	LE				☐ Change	☐ Addition	
NAME			NAI							
STREET ADDRESS				reet address Y-St-Zip						
CITY-ST-ZIP								☐ Change	Addition	
TITLE		☐ Delete	e III	1						
NAME STREET ADDRESS				REET ADDRESS						
CITY OT 71D				Y-ST-ZIP			£	116 414 ·	information —	
12. I hereby o	ertify that the information suppli	ied with this filing does not qu	alify for the ex	emption stated i	in Section	119.07(3)(i), Florida Statutes. I	turther cer ath; that I a	ury that the am an office	r or director	

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: