

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
 03-25-2002 90184 035 \*\*\*150.00

**DOCUMENT # M69096**

1. Entity Name  
**LYNN'S INTERIORS, INC.**

Principal Place of Business  
**7660 W. GULF TO LAKE HWY**  
**CRYSTAL RIVER FL 34429**  
**US**

Mailing Address  
**P. O. BOX 2306**  
**CRYSTAL RIVER FL 32623**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BEATTY, JUDITH LYNN**  
**9391 MARQUETTE LN.**  
**CRYSTAL RIVER FL 34429**

Name **Judith Lynn Beatty**

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

**7660 W. Gulf to Lake Highway**

City

**Crystal River**

**FL**

Zip Code

**34429**

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

*Judith Lynn Beatty*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-12-02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVS** ☐ Delete  
 NAME **BEATTY, JUDITH LYNN**  
 STREET ADDRESS **9391 MARQUETTE LN**  
 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **PVS** ☒ Change ☐ Addition  
 NAME **Judith Lynn Beatty**  
 STREET ADDRESS **7660 W. Gulf to Lake Highway**  
 CITY-ST-ZIP **Crysatal River, FL 34429**

TITLE **T** ☐ Delete  
 NAME **BEATTY, JUDITH LYNN**  
 STREET ADDRESS **9391 MARQUETTE LN**  
 CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **T** ☒ Change ☐ Addition  
 NAME **Judith Lynn Beatty**  
 STREET ADDRESS **7660 W. Gulf to Lake Highway**  
 CITY-ST-ZIP **Crystal River, FL 34429**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Judith Lynn Beatty*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-02**

Date

**352-795-6680**

Daytime Phone #

CR2E034 (9/01)