


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90175 007 ***150.00

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DOCUMENT # M69096	
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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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEATTY, JUDITH LYNN 7660 W GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429	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 Judith Lynn Beatty Judith Lynn Beatty 5-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVS	TITLE	
NAME	BEATTY, JUDITH LYNN	NAME	
STREET ADDRESS	7660 W GULF TO LAKE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	BEATTY, JUDITH LYNN	NAME	
STREET ADDRESS	7660 W GULF TO LAKE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Lynn Beatty Judith Lynn Beatty 5-14-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)