

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90125 020 ***150.00

0166340 AV

DOCUMENT # P00000007242

1. Entity Name

LYNNECOLE ENTERPRISES INC.

Principal Place of Business

**24746 OVERSEAS HIGHWAY
 SUMMERLAND KEY FL 33042**

Mailing Address

**POST OFFICE BOX 420497
 SUMMERLAND KEY FL 33042**

2. Principal Place of Business

29660 Ranger Ave

3. Mailing Address

29660 Ranger Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Big Pine Key, FL

City & State

Big Pine Key, FL

Zip

33043

Country

monroe

Zip

33043

Country

monroe

4. FEI Number

65-0975844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GEIDE, JENNIFER
 29660 RANGER AVENUE
 BIG PINE KEY FL 33043**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Jennifer Geide **Jennifer Geide**

4-4-02

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 ☐ Delete

**P
 GEIDE, STEPHEN W
 29660 RANGER AVENUE
 BIG PINE KEY FL 33043**

TITLE ☐ Delete

**VP
 GEIDE, JENNIFER
 29660 RANGER AVENUE
 BIG PINE KEY FL 33043**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
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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:

Jennifer Geide **Jennifer Geide**

4-4-02 305-872-9948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EN34 (9/01)