

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037203

1. Entity Name

STEPHANIE LYNN ENTERPRISES INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91299 033 \*\*\*150.00

0420645

Principal Place of Business

116 COMMERCIAL WAY, SUITE 5  
SPRING HILL FL 34606

Mailing Address

116 COMMERCIAL WAY, SUITE 5  
SPRING HILL FL 34606

655817

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

☒ 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

MARCI JAMES E  
8090 GREENBRIER COURT  
SPRING HILL FL 34606

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

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, 2001 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐  
015  
Stephanie L. Flor  
13197 Lawrence St.  
Spring Hill, FL 34609

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Delete ☐

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

352 6841691

Daytime Phone #

CR2E034 (10/00)