## 2003 FOR PROFIT CORPORAT

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ח	CCL	INTE	FNT #	P00000085199

1. Entity Name

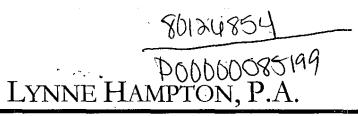
LYNNE HAMPTON, P.A.



## FILED Jun 19, 2003 8:00 am Secretary of State 06-19-2003 90047 018 \*\*\*150.00

				V		'					
Principal Place of Business 75 NE 6TH AVENUE SUITE 218A			Malling Address P.O. BOX 11737 FORT LAUDERDALE FL 33339-1737								
DELRAY BEAC	H FL 33483										
2. Principal F	Place of Business	3. Mai	3. Mailing Address				I 1861) BBH 187 BBNH COMAN NOVEL BBNH BBNH BBN	F1 08181 101		0110 1014 1014	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. 1	FEI Number 31-1729668			plied For t Applicable	
Zip	Country	Zip		try	5. Certificate of Status Desired   \$8.75 Addition Fee Required						
	6. Name and Address of Current	Registere				7. [	7. Name and Address of New Registered Agent				
HAMPTON	LIVAINE				Name						
75 NE 6TI				Street Address (P.O. Box Number is Not Acceptable)							
SUITE 218	3A										
DELRAY B	EACH FL 33483				City			FL	Zip Code	9	
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 .	Signature, typed or printed name of registered agent a	ind title if app	olicable. (NOTE: R	egistered	d Agent signature require	ed when re	ainstating)	DATE			
	ILE NOW!!! FEE IS \$150.00		r				T		<del></del>		
Afte			Election Campaign Financ     Trust Fund Contribution.	ing 🏻		May Be to Fees					
10.	OFFICERS AND		I PRS	11.		AD	L DDITIONS/CHANGES TO OFFICER	RS AND I	DIRECTORS	3 IN 11	
TITLE	P		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	HAMPTON, LYNNE 75 NE 6TH AVENUE, SUITE 218A			NAME	E Et address						
CITY-ST-ZIP	DELRAY BEACH FL 33483	·		-	-ST-ZIP			<u> </u>			
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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 receiper or trustee empowered of 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.



ATTORNEY AT LAW

June 17, 2003

## Via Federal Express

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: Annual Report for Lynne Hampton, PA

Dear Sir/Madam:

Enclosed is my annual report for my law practice. I tried to file online, but because I renewed my other corporation (Business Genesis, Inc.) just before this one, your website wouldn't take it. Enclosed are copies of the receipts I got when I filed for Business Genesis.

I apologize for taking so long to get this to you, but I have been ill and unable to get much work or personal things done. If you have any questions, please do not hesitate to contact me at 561-733-7467.

Sincerely,

Lynne Hampton, PA

**Enclosures**