

# 63 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091209

1. Entity Name

LYNN GRAHAM HOME REPAIR & MAINTENANCE

INC.



FILED

03 JUN 12 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
200020971682  
06/18/03--01043--004 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2115 SE 4th Street

3. Mailing Address

2115 SE 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, Fl

City & State

Cape Coral, Fl

4. FEI Number

65-1044473

Applied For

Not Applicable

Zip

33990

Country

Lee

Zip

33990

Country

lee

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lynnwood Graham

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

2115 SE 4th Street

City

Cape Coral

FL

Zip Code

33990

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

President  
Lynnwood Graham  
2115 SE 4th Street  
Cape Coral, Fl 33990

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynnwood Graham 6/4/03 239-574-7964

Date

Daytime Phone #

CR2E034B (12/02)

Subj: **Lynn Graham Home Repair & Maintenance, Inc.**  
Date: 5/5/2003 9:43:31 AM Eastern Standard Time  
From: [ADunlap@dos.state.fl.us](mailto:ADunlap@dos.state.fl.us)  
To: [grammyg3514@aol.com](mailto:grammyg3514@aol.com)  
Sent from the Internet ([Details](#))

We do have \$150.00 on record for this filing, however, the total amount needed to reactivate this corporation would be \$300.00 leaving a balance due of \$150.00.

If you did not receive a letter requesting this additional amount, you may submit a copy of the original document submitted and your check in the amount of \$150.00.

Please submit a copy of this e-mail with your filing.

Andy Dunlap  
Division of Corporations

5/9/03  
✓ #2009  
150<sup>00</sup>