

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102414

1. Entity Name
CHINA LYNN, INCORPORATED

Principal Place of Business

3062 COLLEGE AVENUE
RUSKIN FL 33570

Mailing Address

3062 COLLEGE AVENUE
RUSKIN FL 33570

2. Principal Place of Business

--4850 DAVIS BLVD

3. Mailing Address

4850 DAVIS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3677995

Applied For

Not Applicable

Zip

34104

Country

Zip

34104

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

WANG, LIN LIN
3062 COLLEGE AVENUE
RUSKIN FL 33570

Name

WANG, LIN LIN

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

4850 DAVIS BLVD

City

NAPLES

FL

Zip Code

34104

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

Lin Lin Wang LIN LIN WANG

2-7-01

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	PD	<input type="checkbox"/> Delete
NAME	WANG, LIN LIN	
STREET ADDRESS	3062 COLLEGE AVENUE	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, LIN LIN	
STREET ADDRESS	4850 DAVIS BLVD	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lin Lin Wang LIN LIN WANG PRESIDENT

2-7-01

Date

941-774-3535

Daytime Phone #

CR2E034 (10/00)