

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90080 020 \*\*\*150.00

DOCUMENT # P00000105191

1. Entity Name

LY'DAME, CORP.

Principal Place of Business

48 ROOSEVELT BOULEVARD  
BEVERLY HILLS FL 34465

Mailing Address

48 ROOSEVELT BOULEVARD  
BEVERLY HILLS FL 34465

2. Principal Place of Business

48 ROOSEVELT BLVD.

Suite, Apt. #, etc.

3. Mailing Address

48 ROOSEVELT BLVD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BEVERLY HILLS FL 34465

Zip

34465

Country

USA

City & State

BEVERLY HILLS FL

Zip

34465

Country

USA

4. FEI Number

651074318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRICK, KAREN A  
3756 S SPRINGBREEZE WAY  
HOMOSASSA FL 34448

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

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

TITLE D  
NAME DAME, LYNETTE  
STREET ADDRESS 48 ROOSEVELT BOULEVARD  
CITY-ST-ZIP BEVERLY HILLS FL 34465 ☐ Delete

TITLE D  
NAME WILLARD, MARY F  
STREET ADDRESS 841 S E 8TH  
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Mary F. Willard (MARY F. WILLARD)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 (352) 564-8591

Date

Daytime Phone #

CR2E034 (10/00)

attachment  
# P0000105191  
B0040717

No money was  
made in the  
Lynette Dame Corp. for  
the year 2000. The  
business was not  
really started until  
Jan. 2001

Lynette Dame



Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_

[illegible]

## Schedule A

- [illegible]

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge [ss.199.232 (2); 92.525(2); and 837.06, F.S.].

Signature of Officer		Date	Telephone No. (352) 746-7030	<input type="checkbox"/>	Check here if you transmitted funds electronically
Signature of Individual or Firm Preparing the Return				Date	Preparer's SSN or FEIN

**Do Not Detach**

**Return and payment must be postmarked no later than June 30, 2001, to avoid penalty and interest.**


**DR-601C**  
**R. 01/01**

- |   |      |   |   |  |
|---|------|---|---|--|
| 13a. Total Due From Line 13 .....   | 13a. | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> |  |
| 13b. Less Amount Paid with Extension .....  | 13b. | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> |  |
| 13c. Total Due (Line 13a less Line 13b; U.S. funds only)  |      |   |   |  |
| <small>The total due cannot be a negative number. An Application for Refund is required for all overpayments.</small> |      |   |   |  |
|   | 13c. | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> |  |

**Enter FEI number below, if not pre-addressed:**

FEIN 

6	5	1	0	7	4	3	1	8

 Check here if you transmitted funds electronically

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

INET

Name  
Address  
Address  
City/State/ZIP

Use black ink. Example A - Handwritten

Example B - Typed

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

DOR  
Use  
Only

/ /

6 5 1 0 7 4 3 1 8

Filing  
Status

FEIN

Mark "X" in  
one box only

Fiduciary

Corporation

Partnership

Affiliated Group

of Corps

Charitable

Trust

Information

Return Only

Check  
here if:Filing Status  
Changed  
(see back of return)Address  
Changed  
(see back of return)Amended Return  
See Instructions,  
Page 11

STOP

## Schedule A

Dollars

Cents

1. Accounts Receivable ..... 1. 000,000.00
2. Loans and Notes Receivable (From Schedule B, Line 17) ..... 2. 000,000.00
3. Bonds (From Schedule C, Line 18) ..... 3. 000,000.00
4. Stocks, Mutuals, Money Market Funds, Limited Partnership  
Interests, and Beneficial Interest in Any Trust (From Schedule D, Line 19) ... 4. 000,000.00
5. As Agent for Stockholders (From Schedule E, Line 20.) Do not enter negative value .. 5. 000,000.00
6. Total Taxable Intangible Assets (Total of Lines 1 through 5) ..... 6. 000,000.00
7. Tax Due (Multiply Line 6 X .001)  
If Line 7 is less than \$60, no payment is due. .... 7. 000,000.00
8. Credits (From Tax Credit Worksheet, Line 14) ..... 8. 000,000.00
9. Total Tax Due (Subtract Line 8 from Line 7) ..... 9. 000,000.00
10. Discount (Jan. or Feb. - 4%; March - 3%; April - 2%; May - 1%; June - 0%; if postmarked on or before  
the last day of the discount period. The discount period is not extended when ending on a Saturday, Sunday,  
or federal or state holiday. See Instructions, Page 7.) ..... 10. 000,000.00
11. Penalty and Interest (See Instructions, Page 7) ..... 11. 000,000.00
12. Voluntary Election Campaign Contribution (\$5.00 - See Instructions, Page 7) ..... 12. 00.00
13. Total Due: (Enter here and on Line 13a of the Coupon below. See Instructions, Page 7.) ..... 13. 000,000.00

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge [ss. 199.232 (2); 92.525(2); and 837.06, F.S.].

Signature of Officer	Date	Telephone No.	Check here if you transmitted funds electronically
Signature of Individual or Firm Preparing the Return	Date	Preparer's SSN or FEIN	

## Payment Coupon 2001 Florida Intangible Tax

Do Not Detach

DR-601C  
R. 01/01

Return and payment must be postmarked no later than June 30, 2001, to avoid penalty and interest.

- 13a. Total Due From Line 13 ..... 13a. 000,000.00
- 13b. Less Amount Paid with Extension ..... 13b. 000,000.00
- 13c. Total Due (Line 13a less Line 13b; U.S. funds only)  
The total due cannot be a negative number. An Application for Refund  
is required for all overpayments. .... 13c. 000,000.00

Name  
Address  
City/State/ZIP

Enter FEI number below, if not pre-addressed:

FEIN 6 5 1 0 7 4 3 1 8

Check here if you transmitted funds electronically

## Important Information Requested

1. If this is your first time filing an Intangible Tax Return, please complete the following:

Date of incorporation ..... [M][M][D][D][Y][Y][Y][Y]

Example: Month Day Year  
0 6 1 0 2 0 0 0

Date you began business in Florida .... [M][M][D][D][Y][Y][Y][Y]

2. If your filing status has changed, please enter the previous FEIN, the new FEIN, and the new filing status:

Previous FEIN

New FEIN

## Filing Status

- ☐ Fiduciary ☐ Final Return
- ☐ Affiliated Group of Corporations ☐ Information Return Only  
(Must Submit List, See Page 10) (Filed Under)
- ☐ Partnership SSN \_\_\_\_\_
- ☐ Corporation ☐ Trustee

3. If your name/mailling address has changed or is incorrect, please complete the following:

Name of Taxpayer(s) \_\_\_\_\_

Attention or In Care of \_\_\_\_\_

New Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone Number(\_\_\_\_\_) \_\_\_\_\_ Signature \_\_\_\_\_

## Tax Credit Worksheet (see Instructions, Page 6)

A. Intangible Tax Paid to Another State (see Instructions). Identify State:	A.	0
B. Cleanup of Contaminated Dry-Cleaning/Brownfield Sites (if credit not taken on F-1120)	B.	0
14. Total Credit (Line A plus Line B). Enter on Schedule A, Line 8	14.	0

## Information Notices

(If none of the boxes below are applicable, disregard this section.)

Check the appropriate box below: (see Information Notices on Page 9 of the Instructions)

1. ☐ We hereby certify this corporation is not required to file a notice of stock value because its shares are regularly listed on a public exchange or traded over the counter.
2. ☐ We hereby certify this corporation's Florida stockholders were notified of the just value per share on or before April 1, for all of its shares that are not publicly traded or are restricted. A copy of the value notice is included with this return.
3. ☐ We hereby certify this corporation elects to pay the intangible tax as agent for its Florida stockholders and certify all Florida stockholders were notified of this election on or before April 1. A copy of the notice is included with this return. The corporation has included the value of its shares held by Florida residents on this tax return.
4. ☐ We hereby certify this corporation has no Florida stockholders.

Note: If checking box 2 or 3, and your company's stock is not regularly traded on the open market, make sure that the value reported for the company's shares is a reasonable market value. **Book value alone is generally NOT a good estimate for market value.**

Neither foreign currency nor funds drawn on other than U.S. banks will be accepted.

State law requires a service fee for returned checks or drafts of \$15.00 or 5% of the face amount, whichever is greater, not to exceed \$150.00 [s. 215.34(2), F.S.].