

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114192

1. Entity Name
LYN JAMES HEARING AID CENTER, INC.

Principal Place of Business
1969 GREEN APPLE CT
ORANGE PARK FL 32073

Mailing Address
1969 GREEN APPLE CT
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

859 Park Ave

859 Park Ave #

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #106

Suite #106

City & State

City & State

Orange Park, FL

Orange Park, FL

Zip

Zip

Country

Country

32073

32073

USA

USA

FILED
Sep 10, 2001 8:00 am
Secretary of State

08-14-2001 90010 016 ***550.00



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, LINDA D.
1969 GREEN APPLE CT
ORANGE PARK FL 32073

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

Linda O. James

Linda O. James

owner

8/8/01

Signature typed or printed name of registered agent and file number.

(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 \$550.00
After September 12, 2001: Fee will be \$750.00
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
D
JAMES, LINDA D.
1969 GREEN APPLE CT
ORANGE PARK FL 32073

☐ Delete

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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

Linda O. James Linda O. James

owner

8/8/01 904-278-0383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR