

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90036 047 ***150.00

DOCUMENT # P01000006060

1. Entity Name

VICKI LYNN, INC.

Principal Place of Business

**1066 1/2 FOURTH STREET NORTH
 ST. PETERSBURG FL 33701**

Mailing Address

**1066 1/2 FOURTH STREET NORTH
 ST. PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

447 3rd Ave N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

City & State

City & State

ST. PETERSBURG FL

Zip

Country

Zip

Country

33701

Pinellas

6. Name and Address of Current Registered Agent

DANN, PHILIP W ESQ.

540 4TH STREET NORTH

ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

VICKI LOGES

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

447 3rd Ave N

401

City

ST. PETERSBURG

FL

Zip Code

33701

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 **VICKI LOGES, PRESIDENT/OWNER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-02

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, 2002 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 **PRESIDENT/OWNER** ☐ Delete
 NAME **VICKI LOGES**
 STREET ADDRESS **447 3rd Ave N # 401**
 CITY-ST-ZIP **ST PETERSBURG, FL 33701**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **P LOGES, Vicki**
 STREET ADDRESS **358 2nd ST N # 20**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE ☐ Change ☐ Addition
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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: **Vicki Loges** **VICKI LOGES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 727-823-3703

Date

Daytime Phone #

CR03034 (9/01)