

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-23-2002 90055 006 ***150.00

DOCUMENT # P01000056032

1. Entity Name
LYNLEE INC.

Principal Place of Business
407 OAKWOOD AVE
NEW SMYRNA BCH FL 32169

Mailing Address
407 OAKWOOD AVE
NEW SMYRNA BCH FL 32169

92473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
808 E 15th Avenue
 Suite, Apt. #, etc.

3. Mailing Address
808 E 15th Avenue
 Suite, Apt. #, etc.

City & State
New Smyrna Bch FL
 Zip **32169** Country **USA**

City & State
New Smyrna Bch FL
 Zip **32169** Country **USA**

4. FEI Number **59-372771** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OZGUR, LYNDAL
407 OAKWOOD AVE
NEW SMYRNA BCH FL 32169

7. Name and Address of New Registered Agent

Name **OZGUR, Lynda L.**
 Street Address (P.O. Box Number is Not Acceptable)
808 E 15th Avenue
 City **New Smyrna Bch FL** Zip Code **32169**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	CVS				
	Lynda L OZGUR	808 E 15th Avenue	New Smyrna Beach FL		
	PT				
	Burnell Hoekstra	808 E 15th Avenue	New Smyrna Beach FL		

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: **Burnell Hoekstra** 4/28/2002 407 #14 4063
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

92413

Burnell Hoekstra
LYNLEE INC.
808.e 15TH Ave
New Smyrna bch, FL 32169

#PO100056032

June 8, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

RE: LYNLEE INC Annual Report Amendment

Please note that the corrected Federal employer Identification Number is 59-3727771

Sincerely,

Burnell Hoekstra



Attachment

92473

#P01000056032

FTD ADDRESS CHANGE

*An address change here changes your
address on the FTD coupons only.*

Employer Identification Number (EIN)

OMB No. 1545-0257

59-3727771 160412 3 2

LYNLEE INC

07

808 E 15TH ST
NEW SMYRNA BEACH FL 32169-3404

New
Address _____

City _____

State _____ Zip _____

Telephone Number () _____

Do not write beyond this line

INTERNAL REVENUE SERVICE CENTER
ATLANTA, GA 39901

Send FTD Address Change and correspondence to the IRS