

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91491 014 ***150.00

DOCUMENT # P01000072713

1. Entity Name
LYNSHUE CORPORATION



Principal Place of Business
550 SW 178TH WAY
PEMBROKE PINES, FL 33029

Mailing Address
PO BOX 820683
PEMBROKE PINES, FL 33082 US



2. Principal Place of Business

3. Mailing Address

PO BOX 821402

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ - CHECK HERE IF MAKING CHANGES

City & State

City & State

Pembroke Pines, FL

4. FEI Number

65-1128243

Applied For

Not Applicable

Zip

Country

Zip

Country

33082

USA

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

LYNSHUE, DIJON C
650 SW 178TH WAY
PEMBROKE PINES, FL 33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LYNSHUE, DIJON C
550 SW 178TH WAY
PEMBROKE PINES, FL 33029 ☐ Delete

TITLE
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☐ Change ☐ Addition

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TOYLOY, TIFFANY S
550 SW 178TH WAY
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dijon Cynshue

4/23/03

(954) 441-8733

Date

Daytime Phone #

CR2E034 (10/02)