

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90168 008 \*\*\*150.00

**DOCUMENT # P02000067845**

1. Entity Name  
**ALL THINGS FINE, INC.**



Principal Place of Business  
**4134 GULF TO MEXICO DR STE 302  
LONGBOAT KEY FL 34228**

Mailing Address  
**4134 GULF TO MEXICO DR STE 302  
LONGBOAT KEY FL 34228**

2. Principal Place of Business  
**1171 MAIN STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**1171 MAIN STREET**  
Suite, Apt. #, etc.

City & State  
**THE VILLAGES FL**

City & State  
**THE VILLAGES FL**

Zip  
**32159** Country  
**USA**

Zip  
**32159** Country  
**USA**

4. FEI Number  
**03-0465413**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COOK, LYN R**  
**4134 GULF TO MEXICO DR STE 302**  
**LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name  
**COOK, LYN R**  
Street Address (P.O. Box Number is Not Acceptable)  
**1171 MAIN STREET**  
City  
**THE VILLAGES FL** Zip Code  
**32159**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Feb 21 2003**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**COOK, LYN R** ☐ Delete  
**4134 GULF TO MEXICO DR STE 302**  
**LONGBOAT KEY FL 34228**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD**  
**COOK, ALAN** ☐ Delete  
**4134 GULF TO MEXICO DR STE 302**  
**LONGBOAT KEY FL 34228**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 21 2003**

Date

Daytime Phone #

**352 259 7354**

CR2E034 (10/02)