

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-20-2003 90127 010 ***150.00

DOCUMENT # P02000093053

1. Entity Name
LYNNART CRAFTS, INC.



Principal Place of Business
**807 WATERWAY VILLAGE COURT
WEST PALM BEACH FL 33413**

Mailing Address
**807 WATERWAY VILLAGE COURT
WEST PALM BEACH FL 33413**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

14-1847089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLEMONS, ARTHUR
807 WATERWAY VILLAGE COURT
WEST PALM BEACH FL 33413**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **CLEMONS, ARTHUR**
STREET ADDRESS **807 WATERWAY VILLAGE COURT**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **D** ☐ Delete
NAME **CLEMONS, LINDA**
STREET ADDRESS **807 WATERWAY VILLAGE COURT**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/03 561 868 5778

Date

Daytime Phone

CR2E034 (10/02)

Attachment

58012924
P02000093053

February 28, 2003

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

RE: 2003 for Profit Corporation Uniform Business Report

Dear Division of Corporation Clerk:

Enclosed find above referenced form with correction as requested in your February 21, 2003 letter (See attached).

In addition, I have and will fill out our Application to Collect and/or Report Tax in Florida.

Will be moving in April, 2003. Please forward to me a Change of Address form so that we can correct our address as needed with your division regarding the Uniform Business Report and the Collect and/or Report Tax in Florida.

Please send change of address applications to **807 Waterway Village Court, West Palm Beach, Florida 33414.**

Thank you for your attention to this matter.

Sincerely,



Linda C. Clemons
Arthur W. Clemons