

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90068 037 ***150.00

DOCUMENT # P34158

1. Entity Name
LYNN ELECTRONICS CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 915 PENNSYLVANIA BOULEVARD FEASTERVILLE PA 19053-7815	Mailing Address 915 PENNSYLVANIA BOULEVARD FEASTERVILLE PA 19053-7815
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-1636460	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, LOUIS
4100 NORTH POWERLINE ROAD
SUITE X-4
POMPANO BEACH FL 33067

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.

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEN, MICHAEL 707 ALTON CT. AMBLER PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSEN, LOUIS 2355 DRAYTON DRIVE BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST YAMPOLSKY, LINDA 840 BRISTOL ROAD SOUTHAMPTON PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YAMPOLSKY, MICHAEL 840 BRISTOL RD SOUTHAMPTON PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **2/28/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

P34158
 A0027664

To Our Clients LYNN ELECTRONICS CORP

Returns for Year Ended 2000

INSTRUCTIONS FOR FILING ATTACHED TAX RETURN

		INDIVIDUAL	PARTNERSHIP	CORPORATION	EXEMPT	OTHER
RETURN	<input type="checkbox"/>	Federal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
ENCLOSED	<input checked="" type="checkbox"/>	Florida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>UBR</u>
RETURN	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>

TO BE	<input type="checkbox"/>	Taxpayer	Draw Check to: <input type="checkbox"/>	Internal Revenue Service
SIGNED AT	<input type="checkbox"/>	Taxpayer and Spouse	<input type="checkbox"/>	Your Bank (With Deposit Form 8109)
INITIALS	<input checked="" type="checkbox"/>	An Officer	<input checked="" type="checkbox"/>	Florida Department of Revenue
AND DATED	<input type="checkbox"/>	A Partner	<input type="checkbox"/>	Other <u> </u>
WHERE	<input type="checkbox"/>	A Trustee		
INDICATED	<input type="checkbox"/>	<u> </u>		
BY				

AMOUNT OF TAX \$ 150.00 Payable in full.

- MAIL RETURN TO: **FEDERAL - FLORIDA**
- ENVELOPE ENCLOSED Internal Revenue Service Center
 Atlanta, GA 39901
- STATE OF FLORIDA
- INTANGLE TAX RETURN
- Florida Department Of Revenue
 5050 W Tennessee Street
 Tallahassee, Fl 32399-0143
- TANGIBLE TAX RETURN

DUE DATE
04/30/2000
 Date

- Your tax has been overpaid by \$
- OVERPAYMENT \$ is being applied against your estimated tax for 1999.
- \$ is being refunded to you.