

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P34158****1. Entity Name**
LYNN ELECTRONICS CORPORATION**Principal Place of Business**
915 PENNSYLVANIA BOULEVARD
FEASTERVILLE PA 19053-7815**Mailing Address**
915 PENNSYLVANIA BOULEVARD
FEASTERVILLE PA 19053-7815**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
Not Applicable**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****ROSEN, LOUIS**
4100 NORTH POWERLINE ROAD
SUITE X-4
POMPANO BEACH FL 33067**Name**
Street Address (P.O. Box Number is Not Acceptable)
4100 North Powerline Road
Suite T-5
City **Pompano Beach** **FL** **Zip Code** **33073****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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	ROSEN, MICHAEL	707 ALTON CT.	AMBLER PA				
V	ROSEN, LOUIS	23393 SERENE MEADOW DRIVE SOUTH	BOCA RATON FL				
ST	YAMPOLSKY, LINDA	840 BRISTOL ROAD	SOUTHAMPTON PA				
VP	YAMPOLSKY, MICHAEL	840 BRISTOL RD	SOUTHAMPTON PA				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90023 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)