

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90306 023 ***158.75

DOCUMENT # P92000003978

1. Entity Name
CHERYL LYNN INC.

Principal Place of Business 101 N. OCEAN DR. #119 HOLLYWOOD FL 33019	Mailing Address 101 N. OCEAN DR. #119 HOLLYWOOD FL 33019-1704
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0370191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SINGLEY, ARTHUR B III
101 N. OCEAN DR.
#119
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
 Name: **Arthur Boyd Singley III**
 Street Address (P.O. Box Number is Not Acceptable): **10711 London St**
 City: **Cooper City, FL** Zip Code: **33026**

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: *Arthur Boyd Singley III* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE: DP <input type="checkbox"/> Delete	NAME: SINGLEY, CHERYL L
STREET ADDRESS: 101 N. OCEAN DR., #119	CITY-ST-ZIP: HOLLYWOOD FL 33019
TITLE: DVST <input type="checkbox"/> Delete	NAME: SINGLEY, ARTHUR B III
STREET ADDRESS: 101 N. OCEAN DR., #119	CITY-ST-ZIP: HOLLYWOOD FL 33019
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Singley, Cheryl L.
STREET ADDRESS: 10711 London St	CITY-ST-ZIP: Cooper City, FL 33026
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Singley Arthur B III
STREET ADDRESS: 10711 London St	CITY-ST-ZIP: Cooper City, FL 33026
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

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: *Arthur Boyd Singley III* Date: 4/26/2000 Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)