

UNIFORM BUSINESS REPORT (UBR)

06-18-2002 90485 034 ***158.75

P93000046216

DOCUMENT # P-93000046216

FILED

02 JUN 19 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
SANDI Lynne WRITTEN WORDS, INC

Principal Place of Business: 9119E Boca GARDENS CIR So
Mailing Address: Boca Raton FL 33496 *Same*

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
11-2630694

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Sandi Lynne
9119E Boca GARDENS CIR So
Boca Raton FL 33496

7. Name and Address of New Registered Agent
Name: SANDI LYNNE
Street Address (P.O. Box Number is Not Acceptable): Wall STREET IN ADVANCE
9119E Boca GARDENS CIR So
City: Boca Raton FL Zip Code: 33496

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] 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 Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: <u>PRES</u>	<input type="checkbox"/> Delete
NAME: <u>Sandi Lynne</u>	
STREET ADDRESS: <u>9119E Boca GARDENS CIR So</u>	
CITY-ST-ZIP: <u>Boca Raton FL 33496</u>	
TITLE: <u>Rita Freeman</u>	<input type="checkbox"/> Delete
NAME: <u>Rita Freeman</u>	
STREET ADDRESS: <u>P.O. Box 970576</u>	
CITY-ST-ZIP: <u>Boca Raton FL 33497</u>	
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 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.