

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067856

1. Entity Name
LYNNISOFT INC.

Principal Place of Business
1319 AIRPORT RD
SUITE 315
DESTIN FL 32541
US

Mailing Address
225 MAIN ST
18
DESTIN FL 32541
US

2. Principal Place of Business
1219 Airport Road
Suite, Apt. #, etc.
Suite 315
City & State
Destin FL
Zip
32541
Country
USA

3. Mailing Address
1219 Airport Road
Suite, Apt. #, etc.
Suite 315
City & State
Destin FL
Zip
32541
Country
USA

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90126 041 ***150.00

00006045



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0468583** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SATHNGAM, PAMELA
1219 AIRPORT RD
SUITE 315
DESTIN FL 32541

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 _____ (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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SATHNGAM, OTT S	
STREET ADDRESS	4100 DRIFTING SAND TRAIL	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SATHNGAM, PAMELA L	
STREET ADDRESS	4100 DRIFTING SAND TRAIL	
CITY-ST-ZIP	DESTIN FL 32541	
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 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Pamela Sathngam Pamela Sathngam 1/10/01 (850) 650-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0035288

CR2E034 (10/00)