

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90415 020 ***158.75

DOCUMENT # P94000013310

1. Entity Name
CHERYL LYNN II INC.

Principal Place of Business
 101 N. OCEAN DR.
 133 & 134
 HOLLYWOOD FL 33018
 US

Mailing Address
 10711 LONDON ST.
 COOPER CITY FL 33026



DO NOT WRITE IN THIS SPACE

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 **65-0476790**

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

SINGLEY, ARTHUR B III
10711 LONDON ST.
COOPER CITY FL 33026

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, 2002 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 | D | <input type="checkbox"/> Delete |
| STREET ADDRESS | SINGLEY, CHERYL LYNN | |
| CITY-ST-ZIP | 10711 LONDON ST. | |
| | COOPER CITY FL 33026 | |
| TITLE NAME | D | <input type="checkbox"/> Delete |
| STREET ADDRESS | SINGLEY, ARTHUR B III | |
| CITY-ST-ZIP | 10711 LONDON ST. | |
| | COOPER CITY FL 33026 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
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| 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* **ARTHUR BOYD SINGLEY III** **4/5/2002 974 6055613**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)