## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 13, 2002 8:00 am Secretary of State DOCUMENT # P94000067640 1. Entity Name LYNN ASH CORPORATION 05-13-2002 90123 050 \*\*\*150 00 Principal Place of Business Mailing Address 451 MILL SPRINGS LN 451 MILL SPRINGS LN PLANTATION FL 33325 PLANTATION FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0690385 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MASSEY, GEORGE Street Address (P.O. Box Number is Not Acceptable) **451 MILL SPRINGS LANE PLANTATION FL 33325** City Zip Code FI 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition MASSEY, GEORGE E JR MASSEY, GEORGE E IR NAME NAME 451 MILL SPRINGS LN STREET ADDRESS 451 MILL SPRINGS LANE STREET ADDRESS PLANTATION FL 33325 CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33325 TITLE ☐ Delete TITLE Сhange ☐ Addition MASSEY, SANDRA L NAME MASSEY, SANDRA L NAME STREET ADDRESS 451 MILL SPRINGS LN STREET ADDRESS 451 MILL SPRINGS LAHE CITY-ST-7IP PLANTATION FL 33325 CITY-ST-ZIP MOTATION THTLE Delete TITLE Change = Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 repeiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if