## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P94000083166

1. Entity Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

**SIGNATURE** 

## LYNN MARIE HARMON INTERIOR DESIGNER INC.

Principal Place of Business

Mailing Address

427 MCKENZIE AVE
PANAMA CITY FL 32401

Mailing Address

427 MCKENZIE AVE
PANAMA CITY FL 32401-3132

3. Mailing Address

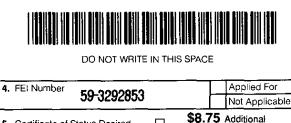
City & State

Suite, Apt. #, etc.

## FILED Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90016 018 \*\*\*150.00

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DATE

Zip	Country	Zip	Country		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					
HARMON, DANIEL III 427 MCKENZIE AVE			Name .  Street Address (P.O. Box Number is Not Acceptable)						
PANAM/	A CITY FL 32401			City		FL	Zip Code		

(NOTE: Registered Agent signature required when reinstating)

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.

Э.	This corporation is eligible to satisfy its Intangible	е
	Tax filing requirement and elects to do so.	
	(See criteria on back)	

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

 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	0	☐ Delete	TITLE		_		Change	Addition &
NAME	HARMON, LYNN M		NAME	۱ .				
STREET ADDRESS	824 JENKS AVE		STREET ADDRESS	140, BOX 940				}
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST-ZIP	P.O. BOX 940 LYNN HAVEN	FL	32444		
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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 supplimental 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 attackment with an address, with all other like empowered.

SIGNATURE:

SKANTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

850-784-1896

Daytime Phone #