

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90154 027 ***150.00

DOCUMENT # P95000016513

1. Entity Name
SIDEJOBS, INC.

Principal Place of Business
901-A NORTH OCEANSHORE BLVD
FLAGLER BEACH FL 32136
US

Mailing Address
901-A NORTH OCEANSHORE BLVD
FLAGLER BEACH FL 32136
US



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 **59-3298667**

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

LYNN, LEONARD L
901-A NORTH OCEANSHORE BLVD
FLAGLER BEACH FL 32136

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	P	<input type="checkbox"/> Delete
NAME	LYNN, LEONARD L	
STREET ADDRESS	901-A NORTH OCEANSHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LYNN, SHELLEY J	
STREET ADDRESS	901-A NORTH OCEANSHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Delete
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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: **X**

Leonard L Lynn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02

Date

1-386-4399958

Daytime Phone #

CR2E034 (9/01)