

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90977 032 ***150.00

DOCUMENT # P95000016513

1. Entity Name

Sidejobs, Inc.



DO NOT WRITE IN THIS SPACE

70035268

2. Principal Place of Business

26 RYKEN LANE

Suite, Apt. #, etc.

3. Mailing Address

26 RYKEN LANE

Suite, Apt. #, etc.

City & State

PALM COAST, FL

City & State

PALM COAST, FL

Zip

32164

Country

US

Zip

32164

Country

US

4. FEI Number

59-3298667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LYNN, LEONARD

Street Address (P.O. Box Number is Not Acceptable)

26 RYKEN LANE

City

PALM COAST

FL

Zip Code

32164

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Leonard S. Lynn

4-2-03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	LYNN, LEONARD
STREET ADDRESS	26 RYKEN LANE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	SEC TREAS
NAME	LYNN, SHELLEY S.
STREET ADDRESS	26 RYKEN LANE
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Leonard S. Lynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03

Date

1-386
4379351

Daytime Phone #

CR2E034B (12/02)