

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90297 001 ****75.00
 02-13-2002 90297 002 ****75.00

DOCUMENT # P95000018625

1. Entity Name
LYNN SAN, INC.

Principal Place of Business Mailing Address
1336 SE 17TH STREET 1336 SE 17TH STREET
OCALA FL 34470 Ocala FL 34470

2. Principal Place of Business 3. Mailing Address
3131 SW COLLEGE RD.

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 206

City & State City & State
OCALA FLA

Zip Country Zip Country
34474 Marion

4. FEI Number **59-3300869** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

SAN, LYNN S
1336 SE 17TH STREET
OCALA FL 34470

7. Name and Address of New Registered Agent

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 _____ DATE _____
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
 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 ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAN, LYNN S	
STREET ADDRESS	1336 SE 17TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	O	<input type="checkbox"/> Delete
NAME	QUANG, SAN	
STREET ADDRESS	2910 SW 15 ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	O	<input type="checkbox"/> Delete
NAME	MUI, SAN	
STREET ADDRESS	2910 SW 15 ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	O	<input type="checkbox"/> Delete
NAME	MING, SAN	
STREET ADDRESS	2822 SW 34 AVE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	O	<input type="checkbox"/> Delete
NAME	DIEN, LY	
STREET ADDRESS	1336 SE 17 ST	
CITY-ST-ZIP	OCALA FL 3447	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEI, SAN	
STREET ADDRESS	2822 SW 34TH AVE	
CITY-ST-ZIP	OCALA FL 34474	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2002 352-237-4949
 Date Daytime Phone #

CR2E034 (9/01)