2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086858

1. Entity Name

DESIGNS BY LYN WALLANDER, INC.

Principal Place of Business	Mailing Address
2954 CRAWFORD ST FT MYERS FL 33901 US	2054 CRAWFORD ST FT MYERS FL 33901 US

DO NOT WRITE IN THIS SPACE

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 65-0626890 | 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
RILEY, LYNETTE W 2656 SHRIVER DR FT MYERS FL 33901	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. I am familiar with, and accept the obligations of registered agent.

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 $550.00** After September 13, 2002 Fee will be $750.00 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 NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, LYNETTE 2656 SHRIVER DR FT MYERS FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (4/02)

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   Date   Daytime Phone #

Cossentino & Orlando

Accountants
1402 Cape Coral Parkway
Cape Coral, Florida 33904
(941) 945-4939
Fax (941) 945-4938

August 12, 2002

Florida Department of State
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Designs By Lyn Wallander, Inc.
#P95000086858

To Whom It May Concern,

I am the accountant for the above mentioned client. In March of 2002, we contacted the Department of State because my client did not receive his annual filing report. For some reason, his annual report was sent back, and we are not sure why, since the address was correct when we called Tallahassee. They said they would send another blank form immediately, before the May 1st due date. In late April of 2002, we again called and informed the Department of State that we have not received the blank form. We finally received this form on July 31st, after another phone call was made. We complained to the Department of State, that because of their error, we did not feel that we were liable for the $550.00 fee. They advised us that we should send in this letter explaining the circumstances, and that the $150.00 fee would be accepted.

If you should have any questions, please feel free to contact me.

Thank you,

Salvatore J. Cossentino