

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90107 005 ***150.00

DOCUMENT # P95000094635

1. Entity Name
LYNN HAVEN G.P., INC.

Principal Place of Business

~~2206 W AIRPORT BLVD~~
~~SANFORD FL 32771~~
 US

Mailing Address

~~2206 W AIRPORT BLVD~~
~~SANFORD FL 32771~~
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 5667
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 5667
 Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Deltona FL

4. FEI Number

59-3352658

Applied For

Not Applicable

Zip

32728

Country

USA

Zip

32728

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, DENNIS
~~2206 W AIRPORT BLVD~~
~~SANFORD FL 32771~~

7. Name and Address of New Registered Agent

Name *Dennis Armstrong*

Street Address (P.O. Box Number is Not Acceptable) *376 Providence Blvd*

City *Deltona*

FL

Zip Code *32725*

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]

Dennis Armstrong

4-29-2002

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ARMSTRONG, DENNIS	
STREET ADDRESS	2206 W AIRPORT BLVD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOIVU, MARK	
STREET ADDRESS	2206 W AIRPORT BLVD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>President/Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>PO Box 5667</i>	
CITY-ST-ZIP	<i>Deltona, FL 32728</i>	
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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis Armstrong *3866680855*

Date

Daytime Phone #

CR2E034 (9/01)