

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90200 017 ***150.00

DOCUMENT # P96000038471

1. Entity Name
LYNN STEVE, INC.

Principal Place of Business

37531 PHELPS RD
ZEPHYRHILLS FL 33541
US

Mailing Address

37531 PHELPS RD
ZEPHYRHILLS FL 33541
US

2. Principal Place of Business

37531 PHELPS RD

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

Zip

33541

Country

US

3. Mailing Address

37531 PHELPS RD

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

Zip

33541

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3377920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BISHOP, ROBERT C
169 STATE STREET W SUITE A
OLDSMAR FL 34677

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

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, 2001 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** ☐ Delete
 NAME **STEVE, LYNN B**
 STREET ADDRESS **1130 PELICAN PL**
 CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **P** ☐ Delete
 NAME **STEVE, REBECCA C**
 STREET ADDRESS **1130 PELICAN PL**
 CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **STEVE, LYNN B.**
 STREET ADDRESS **37531 PHELPS RD**
 CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE **P** ☒ Change ☐ Addition
 NAME **STEVE, REBECCA C.**
 STREET ADDRESS **37531 PHELPS RD**
 CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Lynn B. Steve **LYNN B. STEVE**

4-26-01 813 782-2093

Date

Daytime Phone #

CR2E034 (10/00)