

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90056 034 ***150.00

DOCUMENT # P96000044332

1. Entity Name

CARL-LYNN, INC.

Principal Place of Business

Mailing Address

**N.S.R. 349
OLD TOWN FL 32680****P.O. BOX 460
OLD TOWN FL 32680-0460**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3381806

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**MULLER, MARILYN H
STATE ROAD 349, P.O. BOX 460
OLD TOWN FL 32680**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PS MULLER, MARILYN H N.S.R. 349 OLD TOWN FL 32680	<input type="checkbox"/>	P	<input checked="" type="checkbox"/>
VP MULLER, CARLTON G JR. N.S.R. 349 OLD TOWN FL 32680	<input type="checkbox"/>		<input type="checkbox"/>
T MULLER, ROBERT N.S.R. 349 OLD TOWN FL 32680	<input type="checkbox"/>		<input type="checkbox"/>
S	<input type="checkbox"/>	S MULLER, STEPHEN N.S.R. 349 OLD TOWN, FL. 32680	<input type="checkbox"/> <input checked="" type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

Marilyn H. Muller

1-8-00 352-542-7636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #