

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90061 032 \*\*\*150.00

DOCUMENT # P96000064993

1. Entity Name

LYNN LAKE DEVELOPMENT CORPORATION OF TAMPA

Principal Place of Business

Mailing Address

8019 N HIMES AVE  
#401  
TAMPA FL 33614  
US

8019 N HIMES AVE  
#101  
TAMPA FL 33614  
US

2. Principal Place of Business

3. Mailing Address

8019 N. Himes Ave  
Suite, Apt. #, etc.  
#500

8019 N. Himes Ave.  
Suite, Apt. #, etc.  
#500

City & State

City & State

TAMPA

TAMPA FL

Zip

Country

33614

Zip

Country

US

4. FEI Number 59-3409781

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

HO, RONALD Y  
8019 N HIMES AVE #101 500  
TAMPA FL 33614

Name

HO, RONALD Y.

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

8019 N. Himes Av. #500

City

TAMPA

FL

Zip Code

33614

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

Ronald Y. Ho

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HO, RONALD Y	
STREET ADDRESS	8019 N HIMES AVE #101 500	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HO, SAMUEL C	
STREET ADDRESS	8019 N HIMES AVE #101 500	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HO, LILLIAN F	
STREET ADDRESS	8019 N HIMES AVE #101 500	
CITY-ST-ZIP	TAMPA FL 33614	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

SIGNATURE:

Ronald Y. Ho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2001

DATE

813-933-3439

Daytime Phone #

90061032

CR2E034 (10/00)