

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90138 035 ***150.00

DOCUMENT # P96000073582

1. Entity Name
LYNN WARING SAVANNA, INC.

Principal Place of Business

4511 N HIMES AVE
245
TAMPA FL 33614

Mailing Address

4511 N HIMES AVE
245
TAMPA FL 33614

2. Principal Place of Business

405 N. REO ST.
Suite, Apt. #, etc.
115

3. Mailing Address

1611 W. PLATT ST.
Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA FL

4. FEI Number

65-0725814

Applied For

Not Applicable

Zip

33609

Country

USA

Zip

33606

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOSHLER, KEITH W CPA
1611 W PLATT ST
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name **KEITH W. KOEHLER CPA**

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, 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	DVST <input type="checkbox"/> Delete
NAME	CARTER, PAIGE
STREET ADDRESS	4511 N HIMES AVE STE 245
CITY-ST-ZIP	TAMPA FL 33614
TITLE	DCEO <input type="checkbox"/> Delete
NAME	CARTER, WALLACE W
STREET ADDRESS	4511 N HIMES AVE STE 245
CITY-ST-ZIP	TAMPA FL 33614
TITLE	P <input type="checkbox"/> Delete
NAME	CARTER, CLARENCE JACK JR
STREET ADDRESS	4511 N HIMES AVE STE 245
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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)(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 #

1-28-02 (813)639-1555

CR2E034 (9/01)