

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000102257**1. Entity Name
L. LYNN KRAUM INC.Principal Place of Business
7967 VIVERA CT.
JACKSONVILLE FL 32244 US
Mailing Address
7967 VIVERA CT.
JACKSONVILLE FL 32244 US2. Principal Place of Business
423 STONEHENGE CIRCLE
3. Mailing Address
423 STONEHENGE CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ROCKLEDGE FL
City & State
ROCKLEDGE FL4. FEI Number
59-3414368
Applied For
Not ApplicableZip
32955
Country
US
Zip
32955
Country
US5. 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

KRAUM L. LYNN
7967 VIVERA CTName
KRAUM L. LYNNStreet Address (P.O. Box Number is Not Acceptable)
423 STONEHENGE CIRCLEJACKSONVILLE FL
32244City
ROCKLEDGE FL
Zip Code
32955

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 _____ 04/15/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 VS ☐ Delete
NAME KRAUM Verna D.
STREET ADDRESS 7967 VIVERA CT.
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE VS ☒ Change ☐ Addition
NAME KRAUM Verna D.
STREET ADDRESS 423 STONEHENGE CIRCLE
CITY-ST-ZIP ROCKLEDGE FL 32955TITLE PT ☐ Delete
NAME KRAUM L. LYNN
STREET ADDRESS 7967 VIVERA CT
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE PT ☒ Change ☐ Addition
NAME KRAUM L. LYNN
STREET ADDRESS 423 STONEHENGE CIRCLE
CITY-ST-ZIP ROCKLEDGE FL 32955TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: L. LYNN KRAUM

PT 04/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)