

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90355 050 \*\*\*150.00

0344044

**DOCUMENT # P97000035913**

1. Entity Name  
**LYNN-TURNER, INC.**

Principal Place of Business  
**5405 CYPRESS CENTER DR**  
**STE 320**  
**TAMPA FL 33609**  
**US**

Mailing Address  
**5405 CYPRESS CENTER DR**  
**STE 320**  
**TAMPA FL 33609**  
**US**

**A0039320**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5601 PINNACLE HEIGHTS CIR**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

City & State

4. FEI Number **59-3452124**

Applied For

Not Applicable

Zip

**33624**

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

**HOLCOMB, VICTOR W**

~~**415 S HYDE PARK AVE**~~  
~~**TAMPA FL 33606**~~

**106 S. TAMPA AVENUE**  
**SUITE 200**  
**TAMPA, FL 33609**

Name **HOLCOMB, VICTOR W.**

Street Address (P.O. Box Number is Not Acceptable)  
**106 S. TAMPA AVENUE**

**SUITE 200**

City **TAMPA**

**FL**

Zip Code **33609**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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  Delete  
 NAME **HARPER, WILLIAM H**  
 STREET ADDRESS **5405 CYPRESS CTR. DR #320**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE  Change  Addition  
 NAME **HARPER, WILLIAM H.**  
 STREET ADDRESS **5405 CYPRESS CENTER DRIVE, SUITE 320**  
 CITY-ST-ZIP **TAMPA, FL 33609**

TITLE  Delete  
 NAME **RATH, FREDERICK H**  
 STREET ADDRESS **5405 CYPRESS CTR. DR #320**  
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE  Change  Addition  
 NAME **RATH, FRED H.**  
 STREET ADDRESS **5405 CYPRESS CENTER DRIVE, SUITE 320**  
 CITY-ST-ZIP **TAMPA, FL 33609**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 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: **Fred H. Rath**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-23-01** Daytime Phone # **813-636-8860**

CR2E034 (10/00)