

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

5601 PINNACLE HEIGHTS CIR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33624

Country

Zip

Country

4. FEI Number 59-3452124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLCOMB, VICTOR W

415 S HYDE PARK AVE
TAMPA FL 33606

106 S. TAMPA AVE.
SUITE 200
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name HOLCOMB, VICTOR W.

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

106 S. TAMPA AVE.

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

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, 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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01

Date

813-636-8860

Daytime Phone #

A0039320



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)