

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0133494 AT

DOCUMENT # **P97000038875**

1. Entity Name
LYNAN, INC.



FILED
03 NOV 24 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**30226 LAURELWOOD LANE
WESLEY CHAPEL FL 33543**

Mailing Address
**30226 LAURELWOOD LANE
WESLEY CHAPEL FL 33543**



2. Principal Place of Business

30304 LAURELWOOD LANE
Suite, Apt. #, etc.

3. Mailing Address

30304 LAURELWOOD LANE
Suite, Apt. #, etc.

REINSTATEMENT
CHECK HERE IF MAKING CHANGES

City & State
WESLEY CHAPEL, FL

City & State
WESLEY CHAPEL, FL

4. FEI Number **59-3466072**

Applied For
 Not Applicable

Zip
33543

Country
PASCO

Zip
33543

Country
PASCO

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ADAIR, DARBRA
30226 LAURELWOOD LANE
WESLEY CHAPEL FL 33543**

7. Name and Address of New Registered Agent

Name
ADAIR, DARBRA
Street Address (P.O. Box Number is Not Acceptable)
30304 LAURELWOOD LANE
City **WESLEY CHAPEL, FL** FL Zip Code **33543**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Darbra A. Adair*

DATE **11/19/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ADAIR, DARBRA 30226 LAURELWOOD LANE WESLEY CHAPEL FL 33543	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAIR, DARBRA 30226 LAURELWOOD LANE WESLEY CHAPEL FL 33543	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ADAIR, DARBRA 30304 LAURELWOOD LANE WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAIR, DARBRA 30304 LAURELWOOD LANE WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400024950144 11/24/03--01021--013 **758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE: *Darbra A. Adair*

DATE **11/19/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CFR2E034 (4/03)