

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90128 014 ***150.00

0450305 AV

DOCUMENT # P97000046622

1. Entity Name
THE LYNNMARK CORPORATION



Principal Place of Business
~~3407 LAWN AVE
TAMPA FL 33611~~

Mailing Address
P.O. BOX 1424
TAMPA FL 33601-1424

60022487



2. Principal Place of Business

2903 Alline Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33611

Country

Hillsborough

Zip

Country

4. FEI Number

59-3448178

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~KURTZ, KARI L
3407 LAWN AVE
TAMPA FL 33611~~

7. Name and Address of New Registered Agent

Name *Kari Kurtz*
Street Address (P.O. Box Number is Not Acceptable)

2903 W. Alline Ave.

City *Tampa*

FL

Zip Code

33611

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

President 4-23-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE ☐ Delete
NAME **CPSD KURTZ, KARI L**
STREET ADDRESS ~~821 BAYSHORE AVE.~~
CITY-ST-ZIP ~~TAMPA FL 33606~~

TITLE ☐ Delete
NAME **CTD FELDMAN, RANDY M**
STREET ADDRESS **1773 FLETCHER AVE. W**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME *Kari Kurtz*
STREET ADDRESS *P.O. Box 1424*
CITY-ST-ZIP *Tampa, FL 33601*

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-03 813-690-2330

CR2E034 (10/02)