2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000077568

1. Entity Name

DOCUMENT #

DEBORAH LYNN ENTERPRISES, INC.

504 GOLF PARK DRIVE				Mailing Address 504 GOLF PARK DRIVE CELEBRATION FL 34747							
2. Principal Place of Business 3. N				Mailing Address				A (MBAINSKI 1510 10411 (MBAIN BAINN OPHIN DANN	98 311 3 98 3		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State				City & State				FEI Number 59-3467595		<u> </u>	plied For t Applicable
Zip	Country				try محمد محمد		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Re				ed Agent		7. Name and Address of New Registered Agent					
1						Name					
PEDRAJA, DEBORAH M 504 GOLF PARK DRIVE						Street Address (P.O. Box Number is Not Acceptable)					
CELEBRATION FL 34747						Citv			FL	Zip Code	•
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						d Agent signatui	re required when i	reinstating) 9. Election Campaign Financing Trust Fund Contribution.	ATE		O May Be to Fees
10. OFFICERS AND DIF				CTORS 11.			Αί	DDITIONS/CHANGES TO OFFICERS	AND D	IRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	504 GOLF	DEBORAH M PARK DRIVE NON FL 34747		□ Delete					[_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•		· · · · · · · · · · · · · · · · · · ·	ر ر با ما	= -	Change	Addition
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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.

TITLE NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

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FILED

Aug 11, 2003 8:00 am Secretary of State

08-11-2003 90277 022 ***550.00