2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE: _

P98000048097

1. Entity Name

LYNDA CASSIDY REALTY, INC.



FILED Mar 26, 2003 8:00 am Secretary of State 03-26-2003 90118 043 ***150.00



9830 MOHRS WINDERMERE 2. Principal F 3138 Suite, Apt.	Ft. 34786 Place of Busines SEIGN #, etc.		9830 WINDI	Mailing Address 9830 MOHRS COVE LANE WINDERMERE FL 34786 3. Mailing Address 3138 SEIGNEURY DRIVE Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State WINDERMERE, FL				& State NDERMER		•	4. FEI Number 59-3517319			— — — ·	pplied For ot Applicable
Zip 3418	36	Country USA		1786	Country USA	9	-	Certificate of Status Desire		\$8.75 Ad Fee Require	
Cassidy, 9830 Moh Winderm		S	7. Name and Address of New Registered Agent Name CASSIDY, LYNDA L. Street Address (P.O. Box Number is Not Acceptable) 3138 SEIGNEURY DRIVE City WINDERMERE FL ZinCode 7786								
the obligat	tions of register	ed agent. Ada Cl. Le printed name of registered agen	assia	ly, Presi	dent		ered age	ent, or both, in the State of	Florida. I am	familiar with,	and accept
After Make Check	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Torida Department	of State					9. Election Campaign Trust Fund Contribu	ution. [] Ådde	00 May Be d to Fees
10.		OFFICERS AND	DIRECTO		11.	· · · · · · · · · · · · · · · · · · ·	\rightarrow	DITIONS/CHANGES TO C	OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CASSIDY, L' 9830 MOHR WINDERMER	S COVE LANE		☐ Delete	TITLE NAME STREET AD CITY-ST-2	IDRESS 3	4551 138	OY, LYNA L. Seigneury Ermere, Fl	DRIVE 34786	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET AD CITY-ST-2	DRESS		,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ · · · ·	☐ Delete	TITLE NAME STREET AD CITY-ST-2		· · · ·	•		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET AD CITY-ST-2					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AD CITY-ST-2					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	1				Change	Addition
indicated	on this report of	r supplemental report	is true and a	accurate and that m	y signature :	shall have the	same le	19.07(3)(i), Florida Statute egal effect as if made und la Statutes; and that my ni	er oath; that I a	m an officer	or director

STPRESIDENT/ DIRECTOR