

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

DOCUMENT # P980DD073491

1. Entity Name LYNN'S COUNTRY STORE, INC.
1437 FL-GA HWY
HAVANA, FL 32333

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP -4 PM 2:13

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1437 FL-GA HWY
Suite, Apt. #, etc.

3. Mailing Address

← SAME
Suite, Apt. #, etc.
← 11

DO NOT WRITE IN THIS SPACE

City & State
HAVANA, FL

City & State
← 11

4. FEI Number
59-3529287

Applied For
Not Applicable

Zip
32333

Country
GAUSA GN

Zip
← 11

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William S. Smith

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

2108 WATERS MEET DRIVE

City
TALLAHASSEE

FL

Zip Code
32312

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 DP
NAME William S. Smith
STREET ADDRESS 2108 WATERS MEET DRIVE
CITY-ST-ZIP TALL. FL 32312

TITLE
NAME OWNER
STREET ADDRESS
CITY-ST-ZIP

TITLE
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****300.00 ****150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William S. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-562-5654

CR2E034B (12/01)

Dear Sir,

I request that you wave the
late fee for both of my corporations because
I did not receive the preprinted form.

William Smith