

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90187 028 \*\*\*150.00

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**DOCUMENT # P98000106893**

1. Entity Name  
**LYNN BOWLIN, P.A.**



Principal Place of Business  
**315 HOLLYWOOD BLVD  
STE 2  
MARY ESTHER FL 32569**

Mailing Address  
**315 HOLLYWOOD BLVD  
STE 2  
MARY ESTHER FL 32569**



2. Principal Place of Business

3. Mailing Address

**4051 Drifting Sands Trail**  
Suite, Apt. #, etc.

**4051 Drifting Sands Trail**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

**59-3547206**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32541**

**US**

**32541**

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWLIN, LYNN  
4051 DRIFTING SANDS TRAIL  
DESTIN FL 32541**

Name

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

City

**FL**

Zip Code

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

*Lynn Bowlin, Pres.*

**5-1503**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **BOWLIN, LYNN**  
STREET ADDRESS **4051 DRIFTING SANDS TRAIL**  
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

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:

*Lynn Bowlin* **SIGNATURE REQUIRED** *Lynn Bowlin*

**5-1503**

**(850) 240-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

90135870

Attachment  
#P98000106893

**Lynn Bowlin, P.A.**  
4051 Drifting Sands Trail  
Destin, FL 32541

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs:

I am enclosing payment of \$150.00 for the 2003 Uniform Business Report. This report was mailed to my old office address and not forwarded to me until this week. I apologize for the delay but request that any penalties for late payment be abated. I have had a great deal of difficulty in receiving my mail since the current tenants have not forwarded my mail promptly.

Please let me know if there are any questions. I can be reached at the above address or by phone at (850)240-2001.

Sincerely,

*Lynn Bowlin*

Lynn Bowlin  
May 15, 2003