

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90090 007 \*\*\*150.00

**DOCUMENT # P99000069500**

**1. Entity Name**  
**DEBBIE/LYNN CORPORATION**

**Principal Place of Business**  
**906 SW 6TH AVENUE**  
**BOYNTON BEACH FL 33426**

**Mailing Address**  
**906 SW 6TH AVENUE**  
**BOYNTON BEACH FL 33426**

**2. Principal Place of Business**  
**1002 CORAL COURT**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**1002 CORAL COURT**  
 Suite, Apt. #, etc.

**City & State**  
**BOYNTON BCH FL**  
**Zip**  
**33426**

**Country**  
**PAIM BCH**

**City & State**  
**BOYNTON BCH FL**  
**Zip**  
**33426**

**Country**  
**PAIM BCH**

**4. FEI Number** **65-0939816**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MOSHIER, ROBERT**  
**906 SW 6TH AVENUE**  
**BOYNTON BEACH FL 33426**

**7. Name and Address of New Registered Agent**

**Name** **MOSHIER JR, ROBERT R.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1002 CORAL COURT**  
**City** **BOYNTON BCH** **FL** **Zip Code** **33426**

**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:** *Robert R. Moshier Jr*  
 Signature, typed or printed name of registered agent and title if applicable.

**ROBERT R. MOSHIER JR**  
**DIRECTOR**

**03-04-02**  
 DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5:00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☒ **Delete**  
**NAME** **MOSHIER, ROBERT**  
**STREET ADDRESS** **906 SW 6TH AVENUE**  
**CITY-ST-ZIP** **BOYNTON BEACH FL 33426**

**TITLE** **D** ☐ **Delete**  
**NAME** **MOSHIER, LARNEY**  
**STREET ADDRESS** **111 SW 10TH COURT**  
**CITY-ST-ZIP** **BOYNTON BEACH FL 33426**

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ **Change** ☒ **Addition**  
**NAME** **MOSHIER JR, ROBERT R.**  
**STREET ADDRESS** **1002 CORAL COURT**  
**CITY-ST-ZIP** **BOYNTON BCH FL 33426**

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

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

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

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

**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Robert R. Moshier Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-04-02** **(561) 364-1812**  
 Date Daytime Phone #

CR2E034 (9/01)