

8/6/01-90003-039-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000102450**

1. Entity Name

OPTIONS HOLDINGS, INC.

Principal Place of Business

3510 SOUTH FLORIDA AVE.
LAKELAND FL 33803

Mailing Address

3510 SOUTH FLORIDA AVE.
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIAN, B. JOE
403 SOUTH ROAD
LAKELAND FL 33809

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.

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: ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	D	<input type="checkbox"/> Delete
NAME	CHRISTIAN, B. JOE	
STREET ADDRESS	403 SOUTH ROAD	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE	D	<input type="checkbox"/> Delete
NAME	LYNN, LARRY H JR.	
STREET ADDRESS	3510 SOUTH FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33803	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/25/01

863.648.1815

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 26 AM 11:17



DO NOT WRITE IN THIS SPACE

CR2ED34 (10/00)



Licensed Correspondent Lender

October 22, 2001

Division of Corporations
Annual Report / Reinstatement Division
P. O. BOX 6327
Tallahassee, FL 32314-6327

Re: Options Holdings, Inc.

P99000102450

We had previously received a letter from your office dated, July 16, 2001.

In the letter you stated that your records reflect that we had previously applied for the FEI number.

We contacted the IRS and they said they had no record of our applying for this number, and that we could not get a number until the Corporation was up and running.

Therefore, our application should read "**Not Applicable**" for the FEI number.

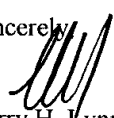
I then mailed a letter back to you with this information.

Now I have received this Notice of Administrative Dissolution or Revocation.

Please know that I had previously sent in the 2001 Uniform Business Report and fee for this corporation.

Please find attached the copy of the submitted UBR.

Sincerely,


Larry H. Lynn, Jr.