

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90272 041 \*\*\*158.75

**DOCUMENT # S53959**

**1. Entity Name**  
**LYNNE LESLIE, INC.**

**Principal Place of Business**

**206 QUAIL AVE.**  
**SEBRING FL 33872**  
**US**

**Mailing Address**

**P. O. BOX 4295**  
**SEBRING FL 33871**  
**US**

**2. Principal Place of Business**

**106 PLAZA GRANDE**

**3. Mailing Address**

**P.O. Box 892**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**ORMOND BEACH, FLORIDA**

**City & State**  
**ORMOND BEACH, FLA.**

**4. FEI Number** **65-0271704**

Applied For

Not Applicable

**Zip**  
**32174**

**Country**  
**USA**

**Zip**  
**32175-0892**

**Country**  
**USA**

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

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

**LYNNE M. LESLIE**  
**206 QUAIL AVENUE**  
**SEBRING FL 33872**

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

**Name** **LYNNE M. LESLIE**  
**Street Address (P.O. Box Number is Not Acceptable)** **106 PLAZA GRANDE**  
**City** **ORMOND BEACH FL** **Zip Code** **32174**

**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** **LYNNE LESLIE, INC.** **LYNNE M. LESLIE** **01/09/2002**

**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**

<b>TITLE</b>	<b>PVS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LESLIE, LYNNE M</b>	
<b>STREET ADDRESS</b>	<b>206 QUAIL AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>SEBRING FL 33872</b>	
<b>TITLE</b>	<b>ST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LESLIE, LYNNE M</b>	
<b>STREET ADDRESS</b>	<b>206 QUAIL AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>SEBRING FL 33872</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<b>PVS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LESLIE, LYNNE M</b>	
<b>STREET ADDRESS</b>	<b>106 PLAZA GRANDE</b>	
<b>CITY-ST-ZIP</b>	<b>ORMOND BEACH, FL 32174</b>	
<b>TITLE</b>	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LESLIE, LYNNE M.</b>	
<b>STREET ADDRESS</b>	<b>106 PLAZA GRANDE</b>	
<b>CITY-ST-ZIP</b>	<b>ORMOND BEACH, FL 32174</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** **LYNNE M. LESLIE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President, L.S.** **01/09/2002**  
**1 (386) 672-5369**  
 Daytime Phone #

CR2E034 (9/01)