

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 03, 2003 8:00 am**  
**Secretary of State**

07-03-2003 90033 040 \*\*\*158.75

0020743 AV

**DOCUMENT # S53959**

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



**Principal Place of Business**  
**106 PLAZA GRANDE**  
**ORMOND BEACH FL 32174**  
**US**

**Mailing Address**  
**P. O. BOX 892**  
**ORMOND BEACH FL 32175-0892**  
**US**



**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**  
**11 N. HIGHLANDS AVE**

**Suite, Apt. #, etc.**  
**P.O. Box 4295**

**City & State**  
**AVON PARK FL**

**City & State**  
**SEBRING FL**

**Zip**  
**33825**

**Country**  
**USA**

**Zip**  
**33871-4295**

**Country**  
**USA**

☒ **CHECK HERE IF MAKING CHANGES**

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

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

**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**

**LYNNE M. LESLIE**  
**106 PLAZA GRANDE**  
**ORMOND BEACH FL 32174**

**Name**  
**LYNNE M. LESLIE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**11 N. HIGHLANDS AVE**  
**AVON PARK FL 33825**

**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** *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

**RESIDENT** **3/26/03**  
(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$750.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**150.00**  
**8.75**  
**158.75**

**9. Election Campaign Financing** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** **PVS** ☐ **Delete**  
**NAME** **LESLIE, LYNNE M**  
**STREET ADDRESS** **106 PLAZA GRANDE**  
**CITY-ST-ZIP** **ORMOND BEACH FL 32174**

**TITLE** **PVS** ☒ **Change** ☐ **Addition**  
**NAME** **LESLIE LYNNE M**  
**STREET ADDRESS** **11 N. HIGHLANDS AVE**  
**CITY-ST-ZIP** **AVON PARK, FL 33825**

**TITLE** **ST** ☐ **Delete**  
**NAME** **LESLIE, LYNNE M**  
**STREET ADDRESS** **106 PLAZA GRANDE**  
**CITY-ST-ZIP** **ORMOND BEACH FL 32174**

**TITLE** **ST** ☒ **Change** ☐ **Addition**  
**NAME** **LESLIE LYNNE M**  
**STREET ADDRESS** **11 N. HIGHLANDS AVE**  
**CITY-ST-ZIP** **AVON PARK, FL 33825**

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**NAME**  
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**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:** *[Signature]* **RESIDENT** **3/27/03**

**804-1527**  
**\*call cell = 846P**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)