

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S66500**

1. Entity Name

**JONI LYNN, INC.**

Principal Place of Business

**3959 BUGLERS REST PLACE  
CASSELBERRY FL 32707-4709  
US**

Mailing Address

**3959 BUGLERS REST PL  
CASSELBERRY FL 32707  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3074960**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SZROM, JONI LYNN  
3959 BUGLERS REST PL  
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

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.  
(See criteria on back) ☐**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SZROM, JONI LYNN	3959 BUGLERS REST PL	CASSELBERRY FL 32707	

VP	SZROM, LAWRENCE J	3959 BUGLERS REST PL	CASSELBERRY FL 32707	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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

**LAWRENCE J SZROM**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

407 491 2245

Daytime Phone #

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90006 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0042925

CR2E034 (10/00)