2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S75191 **DOCUMENT #**

1. Entity Name LYNN INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90139 016 ***150.00

TITLE LYNN, BARRY NAME LYNN, BARRY STREET ADDRESS CITY-ST-ZIP LYNN, CHERRI STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP ITITLE NAME STREET ADDRESS CITY-ST-ZIP								10.51							
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City & State City & FL Zip Code 8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature hipse or intred airms of registered agent and file 4 agenticises (NOTE Registered Agent separation registered agent) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II TITLE LYNN, BARRY STRET ADDRESS CITY-ST-2P CITY ST-2P CITY				0. 11	alling Address				•						
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Single Address of Current Registered Agent 1. Name and Address of New Registered Agent 1. Name 1. N	Zip	ip Country									\$8.75 Additional				
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Department Signature Signat			DR.					Street Address (P.O. Box Number is Not Acceptable)							
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12. I hereby certify that the information supplied with this filling 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 of 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Binatune required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

23(03

954-741-8825

☐ Change

Addition

Date