

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91137 046 ***150.00

DOCUMENT # F59015

1. Entity Name

THE ELIZABETH LYNKEY CORPORATION

Principal Place of Business

**ATLANTIC PLAZA CARD & GIFT SHOP
 5856 ATLANTIC BLVD.
 JACKSONVILLE FL 32207**

Mailing Address

**310 MARSH PT. CIR.
 ST. AUGUSTINE FL 32084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2187279**

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

~~LYNSKEY, PAUL M.~~

**310 MARSH PT. CIR.
 ST AUGUSTINE FL 32084**

Name **ELIZABETH LYNKEY**

Street Address (P.O. Box Number is Not Acceptable)

310 Marsh Point CIR

City **ST AUGUSTINE FL** Zip Code **32084**

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 *Elizabeth Lynkey*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-2002
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPT** ☒ Delete
 NAME **LYNSKEY, PAUL M**
 STREET ADDRESS **310 MARSH PT. CIR.**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **LYNSKEY, ELIZABETH**
 STREET ADDRESS **310 MARSH PT. CIR.**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **PRES, SECR, TREAS** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Elizabeth Lynkey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2002 904-461-9547
 Date Daytime Phone #

CR2E034 (9/01)