

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G18093

1. Entity Name

LYN-WAY DESIGN & CONSTRUCTION, INC.

**FILED**  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90031 046 \*\*\*150.00

Principal Place of Business

4024 WHITE BIRCH WAY  
ORLANDO FL 32817  
US

Mailing Address

4024 WHITE BIRCH WAY  
ORLANDO FL 32817-1358  
US

915705



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6505 ST. Partia Place

3. Mailing Address

6505 ST. Partia Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

City & State

City & State

Orlando FL

Orlando FL

Zip

32812

Country

US

Zip

32812

Country

US

4. FEI Number

59-2241820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, CHARLES WAYNE  
4024 WHITE BIRCH WAY  
ORLANDO FL 32817

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, 2000 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 P ☐ Delete  
NAME CLARK, LINDA D.  
STREET ADDRESS 4024 WHITE BIRCH WAY  
CITY-ST-ZIP ORLANDO FL 32817

TITLE VST ☐ Delete  
NAME CLARK, CHARLES WAYNE  
STREET ADDRESS 4024 WHITE BIRCH WAY  
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6505 ST. Partia Pl  
CITY-ST-ZIP Orlando, FL 32812

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 6505 ST. Partia Pl  
CITY-ST-ZIP Orlando, FL 32812

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-00

407 8163874  
407 8568042