2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H60198

LYNN, JEFFREY

SIGNATURE

1840 N.E. 177TH STREET NORTH MIAMI BEACH FL 33162

9. This corporation is eligible to satisfy its Intangible

1. Entity Name

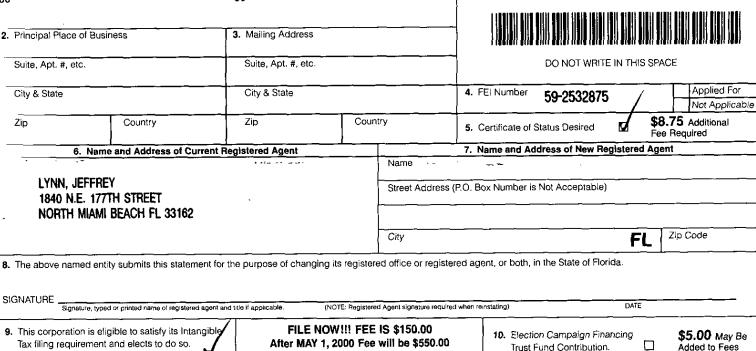
LYNCO ELECTRICAL CONTRACTING CORP. Principal Place of Business Mailing Address 1970 NE 147 TERR. 1970 NE 147 TERR. N. MIAMI FL 33181-1139 N. MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

FILED Jan 12, 2000 8:00 am Secretary of State

01-12-2000 90090 004 ***158.75



After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE LYNN, JEFFREY NAME NAME 1840 N.E. 177TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N MIAMI BCH FL 33162 CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

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 eath; 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 addres

SIGNATURE:

Date