

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90052 043 ***150.00

DOCUMENT # L00521

1. Entity Name

LYNCH AND ASSOCIATES OF MID-FLA, INC.

| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 251 PINE CONE LANE LONGWOOD FL 32779 | 251 PINE CONE LANE LONGWOOD FL 32779 |

| | | | |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|---------------|------------|----------------|
| 4. FEI Number | 59-2964157 | Applied For |
| | | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| SOMMERS, BERNARD D. 1751 TONTO TRC. MAITLAND FL 32751 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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|--|---|---|---------------------------------|------|-----------------|--|----------------|------------------|--|-------------|-------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>LYNCH, GORDON D</td><td></td></tr><tr><td>STREET ADDRESS</td><td>251 PINE CONE LN</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>LONGWOOD FL</td><td></td></tr></table> | TITLE | PD | <input type="checkbox"/> Delete | NAME | LYNCH, GORDON D | | STREET ADDRESS | 251 PINE CONE LN | | CITY-ST-ZIP | LONGWOOD FL | | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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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 another like empowered.

SIGNATURE: *Gordon D. Lynch* GORDON D. LYNCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 1, 2001 407-862-8579

Date Daytime Phone #

CR2E034 (10/00)