

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 24, 2001 8:00 am
Secretary of State

03-26-2001 90011 030 ***150.00

DOCUMENT # L08583

1. Entity Name

LYNCH SERVICES INCORPORATED

Principal Place of Business

~~120 BARDMOOR CIRCLE~~
~~DAYTONA BEACH FL 32114~~
~~408~~

Mailing Address

~~120 BARDMOOR CIRCLE~~
~~DAYTONA BEACH FL 32114~~
~~408~~

2. Principal Place of Business

1585 AVIATION CENTER PKWY.

3. Mailing Address

1585 AVIATION CENTER PKWY.

Suite, Apt. #, etc.

#606

Suite, Apt. #, etc.

#606

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32114

Country

USA

Zip

32114

Country

USA

4. FEI Number **65-0137479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, VIRGIL E
~~120 BARDMOOR CIRCLE~~
~~DAYTONA BEACH FL 32114~~

1585 AVIATION CENTER PKWY.
SUITE 606 ME
DAYTONA BEACH, FL
32114

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, 2001 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	<input type="checkbox"/> Delete
NAME	LYNCH, VIRGIL E	
STREET ADDRESS	120 BARDMOOR CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LYNCH, DORIS A	
STREET ADDRESS	120 BARDMOOR CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

DORIS A. LYNCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-01

Date

386-254-7878 FL
207-463-3621 ME

Daytime Phone #

CR2E034 (10/00)