

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90094 045 ***150.00

DOCUMENT # L08583

1. Entity Name
LYNCH SERVICES INCORPORATED



Principal Place of Business
~~1585~~ AVIATION CENTER PKWY
~~#606~~
DAYTONA BEACH FL 32114
US

Mailing Address
~~1585~~ AVIATION CENTER PKWY
~~#606~~
DAYTONA BEACH FL 32114
US



2. Principal Place of Business
1624 AVIATION CENTER PKWY.

3. Mailing Address
1624 AVIATION CENTER PKWY.

☒ CHECK HERE IF MAKING CHANGES

City & State
DAYTONA Beach, FL

City & State
DAYTONA Beach, FL

4. FEI Number
65-0137479

Zip
32114

Country
USA

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

6. Name and Address of Current Registered Agent
LYNCH, VIRGIL E
~~1585 AVIATION CENTER PKWY~~ *1624 AVIATION CENTER PKWY.*
~~#606~~
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1624 AVIATION CENTER PKWY.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Virgil E. Lynch*
SK VIRGIL E. LYNCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03
Date

386-248-0458 or 207-463-3621
Daytime Phone #

CR2E034 (10/02)