

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90042 005 ***150.00

DOCUMENT # P01000102436

1. Entity Name
WILLIAM A. LYNCH, P.A.

Principal Place of Business Mailing Address
1356 MAYFAIR TERR. 1356 MAYFAIR TERR.
FT. MYERS FL 33919 FT. MYERS FL 33919

2. Principal Place of Business 3. Mailing Address
3714 SE 12TH AVE #202A
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CAPE CORAL FL
 Zip Country Zip Country
33904-4753

4. FEI Number Applied For
65-1155029 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
LYNCH, WILLIAM A Name **LYNCH, WILLIAM A**
1356 MAYFAIR TERR. Street Address (P.O. Box Number is Not Acceptable)
FT. MYERS FL 33919 **3714 SE 12TH AVE. Apt 202A**
 City State Zip Code
CAPE CORAL FL 33904-4753

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTV	<input type="checkbox"/> Delete	TITLE	PSTV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, WILLIAM A		NAME	LYNCH WILLIAM A.	
STREET ADDRESS	1356 MAYFAIR TERR.		STREET ADDRESS	3714 SE 12TH AVE #202A	
CITY-ST-ZIP	FT. MYERS FL 33919		CITY-ST-ZIP	CAPE CORAL, FL 33904-4753	
TITLE	D	<input type="checkbox"/> Delete	TITLE	LYNCH WILLIAM A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, WILLIAM A		NAME	3714 SE 12TH AVE #202A	
STREET ADDRESS	1356 MAYFAIR TERR.		STREET ADDRESS	CAPE CORAL, FL 33904-4753	
CITY-ST-ZIP	FT. MYERS FL 33919		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: WILLIAM A. LYNCH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 238-572-3F63
 Date Daytime Phone #

CR2E034 (9/01)