


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90277 046 ***150.00

DOCUMENT # P01000102436
1. Entity Name
WILLIAM A. LYNCH, P.A.



DO NOT WRITE IN THIS SPACE

11013863

2. Principal Place of Business
1318 NW 42ND AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1318 NW 42ND AVENUE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

4. FEI Number 65-1155029 Applied For Not Applicable

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

Zip 33993 Country USA Zip 33993 Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name WILLIAM A. LYNCH, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1318 NW 42ND AVENUE

City CAPE CORAL, FL Zip Code 33993

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV - LYNCH, WILLIAM A. 1318 NW 42ND AVENUE CAPE CORAL, FL 33993	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other the empowered.

SIGNATURE: 
WILLIAM A. LYNCH

4-22-03 239-940-3066
Date Daytime Phone #

CR2E034B (12/02)