

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91391 030 \*\*\*150.00

DOCUMENT # *P02000116496*

1. Entity Name

*LYNN RHINEHART, P.A.*



90126921

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2517 SW 39th TER.*

3. Mailing Address

*2517 SW 39th TER*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*CAPE CORAL FL*

City & State

*CAPE CORAL FL*

4. FEI Number

*22-388 0302*

Applied For

Not Applicable

Zip

Country

*LEE*

Zip

Country

*LEE*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *LYNN J. RHINEHART*

Street Address (P.O. Box Number is Not Acceptable)

*2517 SW 39th TER*

City

*CAPE CORAL*

FL

Zip

*33914*

**DO NOT WRITE  
IN THIS SPACE**

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

*Lynn J. Rhinehart*

*LYNN J. RHINEHART*

*5/1/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

*PRES LYNN J. RHINEHART  
2517 SW 39th TER  
CAPE CORAL FL 33914*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

SIGNATURE:

*Lynn J. Rhinehart*  
*LYNN J. RHINEHART*

*5/1/03*

*239-541-3965*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)