

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

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90216 038 \*\*\*550.00

DOCUMENT # P95000095369  
1. Entity Name Lynan Electrical Contracting

677163

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>1820 SAN JUAN Drive</u>		3. Mailing Address <u>130 N.W. 20th Street</u>	
Suite, Apt. #, etc. <u>C</u>		Suite, Apt. #, etc. <u># 8</u>	
City & State <u>Delray Bch FL</u>		City & State <u>Boca Raton FL</u>	
Zip <u>33445</u>	Country <u>P.B.C.</u>	Zip <u>33431</u>	Country <u>PAIM Beach</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0635708</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**7. Name and Address of Current Registered Agent**

Name <u>Robert LYNAN</u>
Street Address (P.O. Box Number is Not Acceptable) <u>130 N.W. 20th Street #8</u>
City <u>BOCA RATON</u> FL Zip Code <u>33431</u>

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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.

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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Robert E. LYNAN</u> <u>130 N.W. 20th Street #8</u> <u>Boca Raton FL 33431</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. LYNAN 8/28/02 561-929-0435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)