

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

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90073 040 ***150.00

DOCUMENT # P95000095369

1. Entity Name

Lyman Electrical Contracting, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1820 C San Juan Dr.

Suite, Apt. #, etc.
C

City & State

Delray Bch. FL

Zip

33445

Country

Palm Bch.

3. Mailing Address

130 NW 20th St.

Suite, Apt. #, etc.
#8

City & State

Boca Raton FL

Zip

33431

Country

Palm Bch.

4. FEI Number

650635708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert Lyman

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

1820 C San Juan Dr.

City

Delray Bch.

FL

Zip Code

33445

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-13-04

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	<u>President</u> <u>Robert Lyman</u> <u>1820 C San Juan Dr.</u> <u>Delray Bch. FL 33445</u>	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

Robert Lyman

7-13-04

Date

Daytime Phone #

561 239 6742

CR2E034B (12/02)

Attachment
24079911
P95000095364

Dear Division of Corporations

I received a post card months ago
to request my annual corporate report,
I returned it to you although I never
received my corporate report form.

I've recently received another post card
for dissolution of corporation.

I contacted you and spoke with a lady,
Patricia Bailey, she suggested I send the 150⁰⁰
with an explanation. I'm a one man operation
and I am not on line with a computer. I will
have this problem fixed shortly.

Thank you for your understanding
Bob Lyman Lyman Electrical Contracting Inc.
Cell phone anytime 561-239-6742



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 22, 2004

LYMAN ELECTRICAL CONTRACTING INC.
130 NW 20TH STREET
#8
BOCA RATON, FL 33431 US

SUBJECT: LYMAN ELECTRICAL CONTRACTING INC.
Ref. Number: P95000095369

We have received your document for LYMAN ELECTRICAL CONTRACTING INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Florida law does not allow an entity to serve as its own registered agent. Designate a registered agent, other than the entity, with a street address in Florida. The agent must sign if this is a change from the registered agent previously filed with this office.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Letter Number: 204A00046553