

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

DOCUMENT # P96000024046

1. Entity Name
LYNN * ROBERTS & ASSOCIATES, INC.

FILED

02 SEP 11 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100007732821--8
-09/13/02--01044--014
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1769 BLOUNT ROAD
Suite, Apt. #, etc.
#109

3. Mailing Address
1769 BLOUNT ROAD
Suite, Apt. #, etc.
#109

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

4. FEI Number
65-0652510

Applied For
Not Applicable

Zip
33069

Country
USA

Zip
33069

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
AMERILAWYER CHARTERED

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

City
CORAL GABLES FL Zip Code
33134

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
PSTD
SUNDMACHER, LINDA E
5731 NORTHEAST 14TH AVENUE
FORT LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1769 BLOUNT ROAD #109
POMPANO BEACH, FL 33069

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02
Date

(954) 970-7992
Daytime Phone #

CR2E034B (12/01)

js 9/11/02

LYNN * ROBERTS & ASSOCIATES, INC.

4741

65-0652510/P96000024046



4741

LYNN * ROBERTS & ASSOCIATES, INC.

1769 BLOUNT RD. #109
POMPANO BEACH, FL 33069
(954) 970-7392 FAX (954) 970-7244

BANK OF AMERICA

CHECK

63243/670

PAY *****ONE HUNDRED FIFTY DOLLARS 600/100*****

DATE 2/22/02 AMOUNT \$150.00

TO THE
ORDER
OF Department of State

NON-NEGOTIABLE
AUTHORIZED SIGNATURE

⑈004741⑈ ⑈067002436⑈ 3603615468⑈