

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90007 009 ***150.00

DOCUMENT # P96000098708

1. Entity Name

LYNNCORP, INC.

Principal Place of Business

**645 BEACHLAND BLVD.
VERO BEACH FL 32963**

Mailing Address

**645 BEACHLAND BLVD.
VERO BEACH FL 32963**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0715285

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****HALL, LYNN
645 BEACHLAND BLVD.
VERO BEACH FL 32963****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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) ☐**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **P** ☐ Delete
NAME **HALL, LYNN**
STREET ADDRESS **645 BEACHLAND BLVD**
CITY-ST-ZIP **VERO BEACH FL 32963**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN T. HALL / 8-1-01 561-231-1222

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

LYNN HALL

INSURANCE & RETIREMENT PLANNING

Personal • Corporate • Estate

645 Beachland Boulevard, Vero Beach, Florida 32963
Telephone (561) 231-1222 Fax (561) 231-1288

Doc #P9660098708
C0074842

August 1, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I called your office and spoke with Christy regarding the enclosed UBR statement. I questioned the amount (\$550.00) due and was told this was because it was a second notice. I received no notice prior to this one, so Christy told me to send this letter with a check in the amount of \$150.00 explaining the situation.

Thank you in advance for reviewing my case.

Regards,

Lynn Hall/gc

Lynn Hall

LH/gc