

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90176 042 ***150.00

DOCUMENT # P97000037349

1. Entity Name

LYNNE K. HENNESSEY, P.A.

Principal Place of Business

95 NE 4TH AVENUE
 DELRAY BEACH FL 33483
 US

Mailing Address

95 NE 4TH AVENUE
 DELRAY BEACH FL 33483
 US

2. Principal Place of Business

370 W. Camino Gardens Blvd.

3. Mailing Address

370 W. Camino Gardens Blvd.

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

Country

33432 USA

Zip

Country

33432 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0751066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENNESSEY, LYNNE ESQ
 95 NE 4TH AVENUE
 DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name: Hennessey, Lynne K. ESQ
 Street Address (P.O. Box Number is Not Acceptable): 370 W. Camino Gardens Blvd.
 Ste. 300
 City: Boca Raton FL Zip Code: 33432

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

Lynne K. Hennessey Lynne K. Hennessey

DATE

1/7/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	HENNESSEY, LYNNE K	
STREET ADDRESS	95 NE 48TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hennessey, Lynne K.	
STREET ADDRESS	370 W. Camino Gardens Blvd. Ste. 300	
CITY-ST-ZIP	Boca Raton FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lynne K. Hennessey Lynne K. Hennessey

Date

1/7/02

Daytime Phone #

501-447-0407

CR2E034 (9/01)