

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90350 004 \*\*\*158.75

DOCUMENT # P97000070591

1. Entity Name

MICHAEL LYNCH, P.A.

Principal Place of Business

407-A PANAY AVE  
ISLES OF CAPRI  
NAPLES FL 34113-8602

Mailing Address

407-A PANAY AVE  
ISLES OF CAPRI  
NAPLES FL 34113-8602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

24 Deer Lake Est.

R.R. 1

Findlay, IL

62534-9646

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3465529

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYNCH, CATHY  
407-A PANAY AVE  
ISLES OF CAPRI  
NAPLES FL 34113-8602

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

Cathy T. Lynch

Cathy T. Lynch

4/23/01

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 \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LYNCH, MICHAEL  
407-A PANAY AVE ISLES OF CAPRI  
NAPLES FL 34113-8602



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LYNCH, CATHY  
407-A PANAY AVE ISLES OF CAPRI  
NAPLES FL 34113-8602



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



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STREET ADDRESS  
CITY-ST-ZIP



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CITY-ST-ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

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STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

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:

Cathy T. Lynch

4/23/01 (217) 756-8695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)