

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90128 045 \*\*\*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  
**34 COTTONTAIL LANE  
SULLIVAN IL 61951-1660**



2. Principal Place of Business

**8235 Danbury Blvd.  
Suite, Apt. #, etc.  
# 103**

3. Mailing Address

**8235 Danbury Blvd  
Suite, Apt. #, etc.  
# 103**

City & State

**Naples, FL**

City & State

**Naples, FL**

Zip

Country

**34120-1674 USA**

Zip

Country

**34120-1674 USA**

☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

**Same**

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

**8235 Danbury Blvd, #103**

City

**Naples**

FL

Zip Code

**34120**

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 **Cathy T. Lynch**

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

(NOTE: Registered Agent signature required when reinstating)

**Cathy T. Lynch**

**03-22-03**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LYNCH, MICHAEL</b>	
STREET ADDRESS	<b>407-A PANAY AVE ISLES OF CAPRI</b>	
CITY-ST-ZIP	<b>NAPLES FL 34113-8602</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LYNCH, CATHY</b>	
STREET ADDRESS	<b>407-A PANAY AVE ISLES OF CAPRI</b>	
CITY-ST-ZIP	<b>NAPLES FL 34113-8602</b>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lynch, Michael</b>	
STREET ADDRESS	<b>8235 Danbury Blvd, #103</b>	
CITY-ST-ZIP	<b>Naples, FL 34120-1674</b>	
TITLE	<b>DIS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lynch, Cathy</b>	
STREET ADDRESS	<b>8235 Danbury Blvd, #103</b>	
CITY-ST-ZIP	<b>Naples, FL 34120-1674</b>	
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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED Cathy T. Lynch**

Date

**03-22-03**

Daytime Phone #

**(239)  
455-6636**

CR2E034 (10/02)