

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90111 034 ***150.00

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DOCUMENT # P98000037863

1. Entity Name
LYNN BISHOP & ASSOCIATES, INC.



Principal Place of Business
**3280 S. SHORE DRIVE
UNIT 85C
PUNTA GORDA FL 33955**

Mailing Address
**POST OFFICE DRAWER 511447
PUNTA GORDA FL 33951-1447**



2. Principal Place of Business
14200 Royal Harbour Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#501

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0849194**

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

**HACKETT, JACK O II
99 NESBIT STREET
PUNTA GORDA FL 33950**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **BISHOP, JILL E**
STREET ADDRESS **14200 ROYAL HARBOUR CT #501**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
NAME **BISHOP, LYNN K**
STREET ADDRESS **14200 ROYAL HARBOUR COURT #501**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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: **LYNN BISHOP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 239-466-6039
Date Daytime Phone #

CR2E034 (10/02)