

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066737

1. Entity Name

JUSTIN LYNCH INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90141 033 ***150.00

Principal Place of Business

Mailing Address

301 LAKESHORE DRIVE #704
NORTH PALM BEACH FL 33403

301 LAKESHORE DRIVE #704
NORTH PALM BEACH FL 33403-3502

2. Principal Place of Business

201 ROYAL POINCIANA WAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach FL

FL

City & State

4. FEI Number

65-0355881

Applied For

Not Applicable

Zip
33460

Country

Zip

Country

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

KIESLING, ROBERT
1101 N. CONGRESS AVENUE
#203
BOYNTON BEACH FL 33426

Name

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

720 N. BROUGHTON CIR.

City

BOYNTON BEACH

FL

Zip Code

33426

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 \$150.00
After MAY 1, 2000 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, JUSTIN
301 LAKESHORE DRIVE #704
NORTH PALM BEACH FL 33403

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
N/M
APRIL M WALKER
2016 BROWARD AVE #4
WEST PALM BEACH FL 33407

☐ Change ☒ Addition

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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00

561 655-2101

CR2E034 (9/99)