

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91644 017 \*\*\*150.00

**DOCUMENT # P99000002583**

1. Entity Name

**LYNBROOK FINANCIAL MANAGEMENT CORP.**

Principal Place of Business

PO BOX 10324  
NAPLES FL 34101

Mailing Address

PO BOX 10324  
NAPLES FL 34101

93000

2. Principal Place of Business

8245 Ibis Club Drive

3. Mailing Address

8245 Ibis Club Drive

Suite, Apt. #, etc.

Suite 414

Suite, Apt. #, etc.

Suite 414

City &amp; State

Naples FL

City &amp; State

Naples FL

Zip

34104

Country

USA

Zip

34104

Country

USA

4. FEI Number

65-0891823

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2625

7. Name and Address of New Registered Agent

Name: Thomas J. Marone  
 Street Address (P.O. Box Number is Not Acceptable):  
8245 Ibis Club Drive  
Suite 414  
 City: Naples FL Zip Code: 34104

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, 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: P  
 NAME: MARONE, THOMAS J  
 STREET ADDRESS: PO BOX 10324  
 CITY-ST-ZIP: NAPLES FL 34101

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  
 NAME: Thomas J. Marone  
 STREET ADDRESS: 8245 Ibis Club Drive, Ste 414  
 CITY-ST-ZIP: Naples, FL 34104

☒ Change ☐ Addition

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☐ 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

Signature Phone #

CR2E034 (9/01)