

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014575

1. Entity Name

LAWRENCE H. FLYNN, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90189 049 ***150.00

Principal Place of Business

1801 ACME ST.
 ORLANDO FL 32805

Mailing Address

1801 ACME ST.
 ORLANDO FL 32803-5504

2. Principal Place of Business

1801 ACME ST.

Suite, Apt. #, etc.

3. Mailing Address

1801 ACME ST.

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32805

City & State

ORLANDO, FL 32805

4. FEI Number

59-3558075

Applied For

Not Applicable

Zip

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

FLYNN, LAWRENCE H

2550 TALBOT RD. 1801 ACME ST.
 FERN PARK FL 32730 ORLANDO, FL 32805

Name

FLYNN, LAWRENCE H.

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

1801 ACME ST.

City

ORLANDO

FL

FL

Zip Code

32805

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

Lawrence H. Flynn LAWRENCE H. FLYNN

1/10/2000

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 ☐ Delete
 NAME PRESIDENT
 STREET ADDRESS LAWRENCE H. FLYNN
 CITY-ST-ZIP 2550 TALBOT ST.
 FERN PARK, FL 32730

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

TITLE ☐ Delete
 NAME VICE PRESIDENT
 STREET ADDRESS CYNTHIA I. FLYNN
 CITY-ST-ZIP 2550 TALBOT ST.
 FERN PARK, FL 32730

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Lawrence H. Flynn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

Date

407 835-0026

Daytime Phone #

CR2E034 (9/99)