

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014575

1. Entity Name

LAWRENCE H. FLYNN, INC.

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90013 040 \*\*\*150.00

Principal Place of Business

1801 ACME ST  
ORLANDO FL 32805

Mailing Address

1801 ACME ST  
ORLANDO FL 32805

2. Principal Place of Business

*BLOSSOM*  
*3418 N. ORANGE TRAIL*

3. Mailing Address

*BLOSSOM*  
*3418 N. ORANGE TRAIL*



DO NOT WRITE IN THIS SPACE

City & State

*ORLANDO, FL*

City & State

*ORLANDO, FL*

4. FEI Number

59-3558075

Applied For

Not Applicable

Zip

*32804*

Country

*ORANGE*

Zip

*32804*

Country

*ORANGE*

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLYNN, LAWRENCE H  
1801 ACME ST  
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name

*LAWRENCE H. FLYNN*

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

*3418 N. ORANGE BLOSSOM TRAIL*

City

*ORLANDO, FL.*

FL

Zip Code

*32804*

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*

*1/9/2001*

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, 2001 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	<input type="checkbox"/> Delete
NAME	FLYNN, LAWRENCE H	
STREET ADDRESS	2550 TALBOT ST	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FLYNN, CINTHIA I	
STREET ADDRESS	2550 TALBOT ST	
CITY-ST-ZIP	FERN PARK FL 32730	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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, Pres.*  
*Lawrence H. Flynn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/2001*

Date

*407 521-5656*

Daytime Phone #

CR2E034 (10/00)

0064624