

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034683

1. Entity Name  
LYNNCO CAPITAL, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90016 025 \*\*\*150.00

Principal Place of Business  
100 S. BEACH ST.  
SUITE 216  
DAYTONA BEACH FL 32114

Mailing Address  
P O BOX 1682 823  
DAYTONA BCH FL 32115

2. Principal Place of Business

3. Mailing Address  
P.O. B 823

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Daytona Beach, FL

Zip

Country

Zip  
32115

Country  
Polosia

4. FEI Number 59-3577034

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

HARDY, BENJAMIN  
100 S. BEACH ST.  
SUITE 216  
DAYTONA BEACH FL 32114

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP  
NAME HARDY, SHARON  
STREET ADDRESS 927 ESSEX RD  
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE V/S  
NAME Hardy, Sharon  
STREET ADDRESS P.O. B 823  
CITY-ST-ZIP Daytona Beach, FL 32115

TITLE TMS  
NAME HARDY, BENJAMIN  
STREET ADDRESS 927 ESSEX RD  
CITY-ST-ZIP DAYTONA BEACH FL 32117

TITLE P/T  
NAME Hardy, Benjamin  
STREET ADDRESS P.O. B 823  
CITY-ST-ZIP DAYTONA Beach, FL 32115

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

(386) 248-2150

Daytime Phone #

CR2E034 (10/00)