

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90401 029 ***150.00

DOCUMENT # P99000046590

1. Entity Name
SHAWN LYNCH, INC.



Principal Place of Business
4621 NEKOOSA STREET
NORTH PORT FL 34287

Mailing Address
4621 NEKOOSA STREET
NORTH PORT FL 34287

2. Principal Place of Business
5101 BANNOCK CIR

3. Mailing Address
5101 BANNOCK CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH PORT FL.

City & State
NORTH PORT FL.

4. FEI Number **65-0920403**

Applied For
Not Applicable

Zip
34288

Country

Zip
34288

Country

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

6. Name and Address of Current Registered Agent

LYNCH, SHAWN
4621 NEKOOSA STREET
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name **LYNCH, SHAWN**
Street Address (P.O. Box Number is Not Acceptable)
5101 BANNOCK CIR
NORTH PORT.
City **FL** **Zip Code** **34288**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LYNCH, SHAWN**
STREET ADDRESS **4621 NEKOOSA STREET**
CITY-ST-ZIP **NORTH PORT FL 34287**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 **941-766-8323**

Date Daytime Phone #

CR2E034 (10/02)

0667372 AV