

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90051 030 ***150.00

DOCUMENT # P99000047766

1. Entity Name

LYNCH FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

2917 W. SR 434

2917 W. SR 434

SUITE 141

SUITE 141

LONGWOOD FL 32779

LONGWOOD FL 32779

2. Principal Place of Business

940 CENTRE CIRCLE STE 1018

3. Mailing Address

P.O. Box 915228

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRS, FL

City & State

LONGWOOD, FL

Zip

32714

Country

U.S.A

Zip

32791

Country

U.S.A

4. FEI Number

59-3578449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNCH, MARY P

2917 W. SR 434

SUITE 141

LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

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

940 CENTRE CIRCLE

SUITE 1018

City

ALTAMONTE SPRS

FL

Zip Code

32714

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

MARY P. LYNCH, PRESIDENT

(NOTE: Registered Agent signature required when justifying)

DATE

3/20/02

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 ☐ Delete
 NAME D
 STREET ADDRESS LYNCH, MARY P
 CITY-ST-ZIP 2917 W. SR 434, SUITE 141
 LONGWOOD FL 32779

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 940 CENTRE CIRCLE, STE. 1018
 CITY-ST-ZIP ALTAMONTE SPRS, FL 32714

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

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

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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:

Mary P. Lynch, President

3/20/02 (407) 869-4199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)