

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90142 040 \*\*\*150.00

**DOCUMENT # P99000083937**

1. Entity Name  
**TOM LYNCH ELECTRIC, INC.**

Principal Place of Business <b>96401 OVERSEAS HWY #6          KEY LARGO FL 33037</b>	Mailing Address <b>96401 OVERSEAS HWY #6          KEY LARGO FL 33037-3911</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LYNCH, THOMAS  
 96401 OVERSEAS HWY #6  
 KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name **Thomas Lynch**  
 Street Address (P.O. Box Number is Not Acceptable) **96401 O.S. Hwy #6**  
 City **Key Largo** **FL** **33037**

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 *Thomas Lynch* (NOTE: Registered Agent signature required when reinstating) DATE **04/14/00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LYNCH, TOM 96401 OVERSEAS HWY #6 KEY LARGO FL 33037</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PERRY, BETH 96401 OVERSEAS HWY #6 KEY LARGO FL 33037</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD JEFFERIES, JOANN 96401 OVERSEAS HWY #6 KEY LARGO FL 33037</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas Lynch* **UNRECORDED** DATE **04/14/00** DAYTIME PHONE # **305-852-2853**

CR2E034 (9/99)