-2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am Secretary of State DOCUMENT # P97000107861 1. Entity Name 03-26-2002 90069 032 ***150.00 LYON KIRWIN NORRIS, P.A. Principal Place of Business Mailing Address 338 W MORSE BLVD 338 W MORSE BLVD SUITE 150 **SUITE 150** WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3484688 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 FILE NOW!!! FEE IS \$150.00 > 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME LYON, V. FREDERIC STREET ADDRESS STREET ADDRESS 338 W MORSE BLVD, STE 150 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete TITLE ☐ Addition Change NAME KIRWIN, BRIAN P STREET ADDRESS STREET ADDRESS 338 W MORSE BLVD, STE 150 CITY-ST-7IP WINTER PARK FL 32789 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME NORRIS, BRUCE A STREET ADDRESS 338 W MORSE BLVD STE 150 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32789 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

- BRIAN P. KIRWIN

FILED