

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90033 050 \*\*\*150.00

**DOCUMENT # P98000059346**

1. Entity Name  
**J. T. LYONS CONSTRUCTION, INC.**

Principal Place of Business <b>1241 CANTERBURY ROAD CLEARWATER FL 33764</b>	Mailing Address <b>1241 CANTERBURY ROAD CLEARWATER FL 33764-4815</b>
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2. Principal Place of Business <b>1021 OSAGE ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>1021 OSAGE ST</b> Suite, Apt. #, etc.
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City & State <b>CLEARWATER FL</b>	City & State <b>CLEARWATER FL</b>
Zip <b>33755</b>	Zip <b>33755</b>
Country <b>PINELLAS</b>	Country <b>PINELLAS</b>

4. FEI Number **59-3528625** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**LYONS, J T**  
**1241 CANTERBURY ROAD**  
**CLEARWATER FL 33764**

7. Name and Address of New Registered Agent  
 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 *Randy F. Lyons V.P.* DATE 1/23/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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>DVS LYONS, J T 1241 CANTERBURY ROAD CLEARWATER FL 33764</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP LYONS, DOROTHY 1241 CANTERBURY ROAD CLEARWATER FL 33764</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV LYONS, RANDY 1021 OSAGE CLEARWATER FL 33755</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: *Randy F. Lyons V.P.* **RANDY F. LYONS V.P.** DATE 4-10-00 DAYTIME PHONE # 727-4477449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)