

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90204 001 \*\*\*150.00

**DOCUMENT # 346466**

1. Entity Name

**LYONS AUTOBODY, INC.**

Principal Place of Business

Mailing Address

1107 OLD DIXIE HIGHWAY  
 LAKE PARK FL 33403

1107 OLD DIXIE HIGHWAY  
 LAKE PARK FLA 33403-2311

2. Principal Place of Business

3. Mailing Address

**9801 Buttercup Circle N** **9801 Buttercup Circle N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Palm Beach Gardens, Fla.** **Palm Beach Gardens, Fla.**

Zip

Country

Zip

Country

**33410** **Palm Beach** **33410** **Palm Beach**

4. FEI Number

**59-1280107**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYONS, DON S**  
**9801 BUTTERCUP CIRCLE**  
**PALM BEACH GARDENS FL 33410**

Name

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

**9801 Buttercup Circle N.**

City

**Palm Beach Gardens**

**FL**

Zip Code

**33410**

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  
 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	PD	<input type="checkbox"/> Delete
NAME	LYONS, DON S	
STREET ADDRESS	9801 BUTTERCUP CIR.	
CITY - ST - ZIP	PALM BCH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYONS, BOBBYE	
STREET ADDRESS	9801 BUTTERCUP CIRCLE	
CITY - ST - ZIP	PALM BCH GARDENS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9801 Buttercup Circle N	
CITY - ST - ZIP	Palm Beach Gardens, Fla. 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9801 Buttercup Circle N.	
CITY - ST - ZIP	Palm Beach Gardens, Fla. 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Don S. Lyons**

**06/10/00 (561) 775 5894**

Date

Daytime Phone #