

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90066 002 ***150.00

DOCUMENT # 614205

1. Entity Name
LYOYD'S, INC.

Principal Place of Business
1898 SW 42ND AVE
FORT LAUDERDALE FL 33317

Mailing Address
1898 SW 42ND AVE
FORT LAUDERDALE FL 33317
US

2. Principal Place of Business
9330 LAGOON PL.
 Suite, Apt. #, etc.
APT. 110

3. Mailing Address
P.O. Box 21641
 Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE, FL.

Zip
33324

Country
US

Zip
33335

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1910964

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THORNSBERRY, LLOYD
1892 SW 42ND AVE
FT LAUDERDALE FL 33317

7. Name and Address of New Registered Agent

Name
LLOYD, THORNSBERRY
 Street Address (P.O. Box Number is Not Acceptable)
9330 LAGOON PL.
APT 110
 City
FT. LAUDERDALE **FL** Zip Code
33324

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 *Lloyd C. Thornsberry* **LLOYD C. THORNSBERRY** **2/18/02**
 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD THORNSBERRY, LLOYD 1898 SW 42ND AVE FT LAUDERDALE FL	<input checked="" 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
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	PRG S. THORNSBERRY, LLOYD. 9330 LAGOON PL, APT 110 FT. LAUDERDALE, FL 33324	<input checked="" 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: *Lloyd C. Thornsberry* **LLOYD C. THORNSBERRY** **2/18/02** **954 770 6130**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)