

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *F01000002549*

1. Entity Name

S.D. LYONS, INC.

FILED

02 NOV -7 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12 TOBIN LANE

Suite, Apt. #, etc.

3. Mailing Address

1960 FALL RIVER AVE.

Suite, Apt. #, etc.

City & State

BRISTOL, RI

Zip

02809

Country

City & State

PEEKONK, MA

Zip

02771

Country

DO NOT WRITE IN THIS SPACE

11-07-02 01037 018 \$150.00

4. FEI Number

05-0452899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *CT CORP.*

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

1200 SOUTH PINE ISLAND Rd.

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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 relocating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>PVST</i>
NAME	<i>S. DENNIS LYONS</i>
STREET ADDRESS	<i>12 TOBIN LANE</i>
CITY - ST - ZIP	<i>BRISTOL, RI 02809</i>
TITLE	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with an other like empowered.

SIGNATURE:

S. Dennis Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-02 (508) 336-9393

Date

Daytime Phone #

SD|LYONS

1960 FALL RIVER AVE.
SEEKONK / MA. 02771

VOICE: 508.336.9393
PAPER: 508.336.8989



CLEAR THROUGH TO THE FACTS

AUTOMotive | Forensics

November 1, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: F01000002549

To Whom It May Concern:

Attached please find our UBR form. As you can see, the two prior notices were not received as the principal place of business changed in May of 2002. We were under the impression that CT Corp. would file the form on our behalf.

Please accept this letter for reinstatement of S. D. Lyons, Inc. Attached is the filing fee for \$150. Should you have any questions, please contact the undersigned.

Sincerely,

S. D. LYONS, INC.


Linda S. Urban
Office Manager

lsu
Enclosure