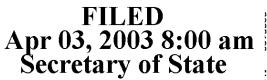
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** F73123 **DOCUMENT#**



| 1. Entity Name LYONS INSURANCE AGENCY, INC.  |   |   |              |   |  |                   |                | 04-03-2003 90184 038 ***150.00 |                                |                  |                    |                |                |
|--|---|---|--------------|---|--|-------------------|----------------|--------------------------------|--------------------------------|------------------|--------------------|----------------|----------------|
| Principal Place of Business<br>8505 SW 110TH ST<br>MIAMI FL 33156  |   |   |              | g Address<br>SW 110TH ST<br>II FL 33156 | ,  |                   | .              |                                |                                |                  | 1821 81818 84841 B |                |                |
| 2. Principal P   | Place of Busin                          | ness  | 3. Mai       | 3. Mailing Address                      |  |                   |                |                                |                                |                  |                    |                |                |
| Suite, Apt. #, etc.  |   |   | Suit         | Suite, Apt. #, etc.                     |  |                   |                |                                | CHEC                           | K HERE IS        | F MAKING           | CHANGES        |                |
| City & State   |   |   | City         | City & State                            |  |                   | 4. FEI Nur     |                                |                                | 91230            |                    |                | oplied For     |
| Zìp  | Zip Country                             |   | Zip          | Zip Co                                  |  | ntry              | 5. Certificate |                                |                                | esired           |                    | \$8.75 Add     | ditional       |
|  | 6. Name                                 | and Address of Currer   | ıt Registere | ed Agent                                |  |                   | · -            | 7. Name                        | and Address o                  | f New Re         | gistered /         | Agent          |                |
|  |   |   |              |   |  | Name              |                |                                |                                |                  |                    |                |                |
| LYONS, DOUGLAS E<br>8505 SW 110TH ST   |   |   |              |   | Street Address (P.O. Box Number is Not Acceptable) |                   |                |                                |                                |                  |                    |                |                |
| MIAMI FL   | 33156                                   |   |              |   |  |                   |                | •                              |                                |                  |                    |                |                |
|  |   |   |              |   | City   | FL Zip Code       |                |                                |                                |                  | e                  |                |                |
|  | tions of regist                         | y submits this statement<br>pred agent.<br>The printed name of registered age | Z/           | Lynn                                    |  | red office or reg |                |                                |                                | ate of Flori     | ida. Lam i         | familiar with, | and accept     |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State |   |   |              |   |  |                   |                | 9.                             | Election Camp<br>Trust Fund Co | -                |                    |                | May Be to Fees |
| 10.  |   | OFFICERS AN   | D DIRECTO    | RS                                      | 11.  |                   |                | ADDITIO                        | NS/CHANGES                     | TO OFFIC         | CERS AND           | DIRECTOR       | S IN 11        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Lyons, D<br>8505 SW<br>Miami Fl   |   |              | ☐ Delete                                |  |                   |                |                                |                                |                  |                    | ☐ Change       | ☐ Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>LYONS, E<br>8505 S.W<br>MIAMI, FL | . 110TH ST.   |              | □ Delete                                |  | į.                |                |                                |                                |                  |                    | ☐ Change       | ☐ Addition     |
| TITLE NAME* *** STREET ADDRESS CITY-ST-ZIP   | -                                       | المستهجين والمناور للمواد   |              | Delete                                  |  |                   | پ پي ر         | <u></u>                        |                                | v qe-** <u>r</u> | <i>-</i>           | Change         | ☐ Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |              | ☐ Delete                                |  |                   |                |                                |                                |                  |                    | ☐ Change       | Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | . •                                     |   |              | ☐ Delete                                |  |                   |                |                                |                                |                  |                    | ☐ Change       | Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | .,                                      |   |              | ☐ Delete                                |  | - 1               |                |                                |                                |                  |                    | Change         | ☐ Addition     |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**