

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H80715

1. Entity Name
LYONS PLAZA TIRE AND AUTO CENTER, INC.



Principal Place of Business
1509 LYONS RD.
COCONUT CREEK, FL 33063-3818

Mailing Address
1509 LYONS RD.
COCONUT CREEK, FL 33063-3818



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2584901
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ORETSKY, LLOYD
1509 LYONS RD.
POMPANO BEACH, FL 33063

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ORETSKY, LLOYD
1509 LYONS RD.
COCONUT CREEK, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORETSKY, JUDITH
1509 LYONS ROAD
COCONUT CREEK, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORETSKY, JOSHUA
1509 LYONS ROAD
COCONUT CREEK, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORETSKY, TODD
1509 LYONS ROAD
COCONUT CREEK, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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03/03/04-80034-020 150.00

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:

[Signature] **JOSH ORETSKY** 26564 954/975-0885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #