

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-20-2000 90085 046 \*\*\*150.00

**DOCUMENT # J71332**

1. Entity Name

**LYONS TOWING, INC.**

00005705



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1107 OLD DIXIE HWY  
 LAKE PARK FL 33403

1107 OLD DIXIE HWY  
 LAKE PARK FL 33403-2311

2. Principal Place of Business

3. Mailing Address

✓ **9801 Buttercup Cr. N**  
 Suite, Apt. #, etc.

**9801 Buttercup Cr. N**  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2805629**

Applied For

Not Applicable

**Palm Beach Gardens, Fl.**

**Palm Beach Gardens, Fl.**

Zip

Country

Zip

Country

**33410**

**Palm Beach**

**33410**

**Palm Beach**

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

**BOBBYE LYONS**  
**1107 OLD DIXIE HWY**  
**LAKE PARK FL 33403**

Name

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

✓ **9801 Buttercup Cr. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **LYONS, DON**  
 CITY-ST-ZIP **1107 OLD DIXIE HWY**  
**LAKE PARK FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9801 Buttercup Circle N.**  
 CITY-ST-ZIP **Palm Beach Gardens, Fla. 33410**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **LYONS, BOBBYE**  
 CITY-ST-ZIP **1107 OLD DIXIE HWY**  
**LAKE PARK FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9801 Buttercup Circle N.**  
 CITY-ST-ZIP **Palm Beach Gardens, Fla. 33410**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Bobbie G. Lyons*  
**Bobbie G. Lyons**

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

Date

Daytime Phone #

CR2E034 (9/99)