

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90438 007 ***150.00

0032963

DOCUMENT # L63063

1. Entity Name

LIONIS CORPORATION

Principal Place of Business

**3987 NORTH "W" STREET
UNIT 11
PENSACOLA FL 32505
US**

Mailing Address

**3987 NORTH "W" STREET
UNIT 11
PENSACOLA FL 32505
US**

929444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2999324**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**KUKTELIONIS, MARK A
3987 NORTH "W" STREET
UNIT 11
PENSACOLA FL 32505**

Name

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

City

FL

Zip Code

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

Mark Kuktalionis

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, 2001 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 **PD**
STREET ADDRESS **RIENDEAU, BRENDA LEA**
CITY-ST-ZIP **11521 DUELING OAKS DR
PENSACOLA FL**

TITLE ☒ Change ☒ Addition
NAME **PD**
STREET ADDRESS **RENEA KUKTELIONIS**
CITY-ST-ZIP **3987 NORTH W ST #11
PENSACOLA FL 32505**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **RENEA KUKTELIONIS**
CITY-ST-ZIP **3987 NORTH W ST #11
PENSACOLA FL 32505**

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **MARK KUKTELIONIS**
CITY-ST-ZIP **3987 NORTH W ST #11
PENSACOLA FL 32505**

TITLE ☐ Delete
NAME **V.P**
STREET ADDRESS **MARK KUKTE**

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

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

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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

Renea Kuktalionis **Renea Kuktalionis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-429-9400

CR2E034 (10/00)