


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90293 032 \*\*\*150.00

03/07/61  
AV

|  |   |
|--|---|
| <b>DOCUMENT #</b> P00000104176                                   |  |
| 1. Entity Name<br><b>THE LAW OFFICES OF LANCE D. LYONS, P.A.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>1881 N.E. 26TH STREET<br/>SUITE 229, BOX B4<br/>WILTON MANORS FL 33305</b> | Mailing Address<br><b>P.O. BOX 21746<br/>FORT LAUDERDALE FL 33335</b> |
|--|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



☐ CHECK HERE IF MAKING CHANGES

|   |  |                                       |
|---|--|---------------------------------------|
| 4. FEI Number <b>65-0911801</b>                           |  | Applied For                           |
|   |  | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent   |  |
| <b>LYONS, LANCE D</b><br><b>1881 N.E. 26TH ST.</b><br><b>SUITE 229, BOX B4</b><br><b>WILTON MANORS FL 33305</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

|   |  |  |  |
|---|--|--|--|
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
| TITLE NAME<br><b>DPST LYONS, LANCE D</b> <input type="checkbox"/> Delete<br>STREET ADDRESS<br><b>1881 N.E. 26TH STREET, SUITE 229, BOX B4</b><br>CITY-ST-ZIP<br><b>WILTON MANORS FL 33305</b> |  | TITLE NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE NAME<br><input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE NAME<br><input type="checkbox"/> Delete<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | TITLE NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **4-29-03** Daytime Phone # **954-566-2877**

CR2E034 (10/02)