

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020861

1. Entity Name
LION CONSULTING & MARKETING INC.

FILED
Aug 01, 2002 8:00 am
Secretary of State

08-01-2002 90162 046 ***550.00

0548723
AV

Principal Place of Business
947 HAMILTON COURT
PALM HARBOR FL 34683

Mailing Address
947 HAMILTON COURT
PALM HARBOR FL 34683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3614 Westchester Dr
Suite, Apt. #, etc.

3. Mailing Address
3614 Westchester Dr
Suite, Apt. #, etc.

City & State
Holiday FL
Zip 34691 Country

City & State
Holiday FL
Zip 34691 Country

4. FEI Number
59-3096924
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ERDMANN, EVA
947 HAMILTON COURT
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name
Eva Erdmann
Street Address (P.O. Box Number is Not Acceptable)
3614 Westchester Drive
City Holiday FL Zip Code 34691

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 *E. Erdmann*

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

(NOTE: Registered Agent signature required when reinstating)

4/16/2002

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, 2002 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERDMANN, EVA
947 HAMILTON COURT
PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P/S/T
Eva Erdmann
3614 Westchester Dr
Holiday FL 34691 ☒ Change ☐ Addition

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

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

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

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2002

Date

Daytime Phone #

CR2E034 (9/01)