

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90054 048 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060564

1. Entity Name
LONS ENTERPRISES INC.



Principal Place of Business
6473 CARDINAL DR.
CLEARWATER, FL 33760

Mailing Address
6473 CARDINAL DR.
CLEARWATER, FL 33760

2. Principal Place of Business
6473 Cardinal Dr
Suite, Apt. #, etc.
Clearwater FL

3. Mailing Address
6473 Cardinal Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Clearwater FL

4. FEI Number
59-3731578

Applied For
Not Applicable

Zip
33760

Country

Zip
33760

Country

P. N. H. B. 3

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

DYKSTRA, WILLIAM
619 HIGHLAND AVE.
LARGO, FL 33770

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

SIGNATURE

Keith Lonsberry

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

D. I. don't know about
deadline!

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
LONSBERRY, KEITH'S
6473 CARDINAL DR.
CLEARWATER, FL 33760 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Keith Lonsberry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-5-03

727-533-0650

Daytime Phone #

727-481-1069

CH2E034 (10/02)

Untitled

Attachment

90133802

PO1000060564

Hello unfortunately I didnt recieve your form that has
a number that lets you pay online. And i didnt know
about the deadline untill it was too late. here is
150.00 I dont have much money I hope it is enough.
