

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90706 017 ***158.75

DOCUMENT # P01000099641

1. Entity Name
LYRIC ANALYTICAL SERVICES, INC.

Principal Place of Business
**8250 PASCAL DRIVE, SUITE 102
 PUNTA GORDA FL 33950**

Mailing Address
**8250 PASCAL DRIVE, SUITE 102
 PUNTA GORDA FL 33950**



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

65-1158021

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

**HALL, WALLACE D
 8250 PASCAL DRIVE, SUITE 102
 PUNTA GORDA FL 33950**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, WALLACE D	
STREET ADDRESS	15200 BURNT STORE ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	D	<input type="checkbox"/> Delete
NAME	POSTON, JAMES A	
STREET ADDRESS	747 LANGWOOD DRIVE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUNAGIN, WILEY D	
STREET ADDRESS	1108 MERRY OAK DRIVE	
CITY-ST-ZIP	COLLEGE STATION TX 77840	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYTTON, ROBERT L	
STREET ADDRESS	2108 BARAK LANE	
CITY-ST-ZIP	BRYAN TX 77802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Wallace D Hall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

941-639-2818
 Daytime Phone #

CR2E034 (9/01)