

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114887

1. Entity Name

ALLTECH STRUCTURAL ENGINEERING, INC.

Principal Place of Business

3206 SHADY GLEN CIR.  
TAMPA FL 33618

Mailing Address

3206 SHADY GLEN CIR.  
TAMPA FL 33618

2. Principal Place of Business

2121 BEARSS AVE.  
Suite, Apt. #, etc.

3. Mailing Address

2121 BEARSS AVE.  
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

30-0016398

Applied For

Not Applicable

Zip

33618

Country

Zip

33618

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SISSON, LARRY  
218 SOUTHERN COUNTRY LN.  
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

LYONS, KELLY E

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

2121 BEARSS AVE.

City

Tampa

FL

Zip Code

33618

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

*Kelly Lyons*

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

*Kelly Lyons*

(NOTE: Registered Agent signature required when reinstating)

4/26/02

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 ☐ Delete  
D LYONS, KELLY E  
STREET ADDRESS 3206 SHADY GLEN CIR.  
CITY-ST-ZIP TAMPA FL 33618

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
P.D.T  
LYONS, KELLY E  
STREET ADDRESS 2121 BEARSS AVE.  
CITY-ST-ZIP TAMPA, FL 33618

TITLE NAME ☐ Change ☒ Addition  
UP, S.D.  
LYONS, ALICIA ARGIZ  
STREET ADDRESS 2121 BEARSS AVE.  
CITY-ST-ZIP TAMPA, FL 33618

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

*Kelly Lyons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

Date

Daytime Phone #

FILED

Jun 03, 2002 8:00 am  
Secretary of State

05-07-2002 90134 001 \*\*\*\*\*8.75

05-07-2002 90134 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)