

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90141 008 ***150.00

DOCUMENT # P02000055903

1. Entity Name
LONYX CORP.



Principal Place of Business
**2800 SW 35TH PL #106A
GAINESVILLE, FL 32608**

Mailing Address
**2800 SW 35TH PL #106A
GAINESVILLE, FL 32608**

90134643



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0710511

Applied For

Not Applicable

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

**HANSON, KEVIN
2800 SW 35TH PL #106A
GAINESVILLE, FL 32608**

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

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

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

DATE

FILE NOW WITH FEES IS \$150.00
After May 1, 2003 Fee will be \$50.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LONGRIE, CHRISTOPHER 8634 DELLWAY LANE VIENNA, VA 22180	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANSON, KEVIN 2800 SW 35TH PL #106A GAINESVILLE, FL 32608	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITE, THOMAS 1555 DELANEY DR #413 TALLAHASSEE, FL 32308	☒ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER LONGRIE

5-9-03

813-363-5975

Date

Daytime Phone #

CR2E034 (10/02)

Attachment



90134643
P02000055903

410 S. Albany Ave Suite #3 • Tampa, FL 33606 • 813.363.5975 • fax 813.251.4353 • www.LonyxCorp.com

May 9, 2003

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Regarding: UBR for Lonyx Corp FEI # 01-0710511

To Whom It May Concern,

We did not receive the UBR form in time to file before the 1st of May. I've sent email to your office regarding this matter and was advised to attach a letter stating our circumstances. If you have any questions or concerns, please contact Christopher Longrie, Lonyx Corp President at 813.363.5975.

Best Regards,

A handwritten signature in black ink, appearing to read "Ch. Z.", written over a horizontal line.

Christopher Longrie
President, Lonyx Corp
813.363.5975
clongrie@lonyxcorp.com