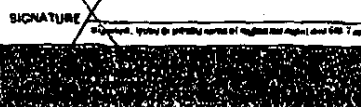
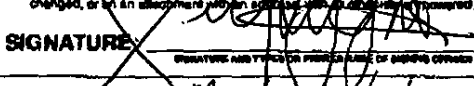


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -2 AM 8:00

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

DOCUMENT # P02000074646			
1. Entity Name MICHAEL N. LYGNOS, P.A.			
Principal Place of Business 115 SOUTH NEWPORT AVENUE TAMPA, FL 33606		Mailing Address 115 SOUTH NEWPORT AVENUE TAMPA, FL 33606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 14-1839118		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYGNOS, MICHAEL N 115 SOUTH NEWPORT AVENUE TAMPA, FL 33606		7. Name and Address of Non-Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
8. The filer hereby certifies that the information supplied in this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is true and correct, and I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  DATE 8/27/03			
9. Election Campaign Financing True Fund Contribution ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10.1 NAME STREET ADDRESS CITY - ST - ZIP LYGNOS, MICHAEL N 115 SOUTH NEWPORT AVENUE TAMPA, FL 33606	☐ Delete	11.1 NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
10.2 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11.2 NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
10.3 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11.3 NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
10.4 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11.4 NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
10.5 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11.5 NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
10.6 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11.6 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 199.07(3)(a), Florida Statutes. I further certify that the information reported 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 partner 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 in an attachment with an affidavit with an affidavit if changed.			
SIGNATURE 		DATE 8/27/03 (813-259-9494)	

Michael N. Lygnos

Michael N. Lygnos, P.A.

115 South Newport Ave.

Tampa, Florida 33606

Tel: (813) 259-9494

Fax: (813) 259-4585

email: mlygnos@msn.com

Admitted to Practice in: Florida

New York

Indiana

Connecticut

August 27, 2003

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

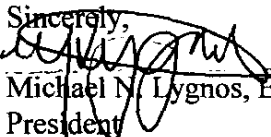
Re: Michael N. Lygnos, P.A.
Document #: P02000074646

Dear Sir:

Enclosed is an executed corporate report form along with a check for \$150. I am sending this after phone discussions with a representative from your office explaining that we had never received the original renewal form. 2003.

This is a relatively new business. For a considerable period of time, we were having mail problems because of construction on a dozen new condominiums on South Newport Avenue, where my office is located. One of these homes had the same address (# 115) as our office building. I suspect that might be the reason I did not receive a renewal form. The problem with the address has been corrected by the condominium builder. Thank you for your assistance and understanding with this matter. Should you need anything further, please contact me.

Sincerely,


Michael N. Lygnos, Esq.
President

MNL/sk
enclosure