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.

600022929896
09/10/03--01014--027 **150.00

Principal Place of Business	Mailing Address
115 SOUTH NEWPORT AVENUE TAMPA, FL 33606	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	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

MRS

4. FEI Number 14-1839118 ☐ 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
LYGNOS, MICHAEL N 115 SOUTH NEWPORT AVENUE TAMPA, FL 33606	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 ____________ DATE

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	D LYGNOS, MICHAEL N 115 SOUTH NEWPORT AVENUE TAMPA, FL 33606	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E036 (10/02)

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: [signature] 8/27/03 (813-259-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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