

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

DOCUMENT # *PO2000134687*

1. Entity Name  
*LYONS CORPORATION*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 21 PM 3:30

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*2800 W. TENNESSEE ST.*

3. Mailing Address  
*2800 W. TENNESSEE ST.*

DO NOT WRITE IN THIS SPACE

City & State  
*TALLAHASSEE, FL*

City & State  
*TALLAHASSEE, FL*

FEI Number  
*522387259*

Applied For  
 Not Applicable

Zip  
*32304*

Country  
*USA*

Zip  
*32304*

Country  
*USA*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*MITCH LYONS*

Street Address (P.O. Box Number is Not Acceptable)  
*2800 W. TENNESSEE ST.*

City  
*TALLAHASSEE*

FL Zip Code  
*32304*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT WILLIAM M. LYONS 1448 VIEUX CORTE TALLAHASSEE, FL. 32308</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>200021761292 07/24/03--01013--030 **70.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE. PRESIDENT DAVID M. LYONS 1729 AUGUSTINE PL. TALLAHASSEE, FL. 32301</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECT/TREE DAVID M. LYONS 1729 AUGUSTINE PL. TALLAHASSEE, FL. 32301</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William Lyons / V.P. Sect / Tree* Date: *7-21-03* Daytime Phone #: *850-575-6600*

CR2E034B (12/01)