

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062130

1. Entity Name

LYON'S ROOFING, INC.

Principal Place of Business

14011 SW 36 COURT
DAVIE FL 33330

Mailing Address

14011 SW 36 COURT
DAVIE FL 33330-1533

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0439461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, JACK B
14011 SW 36 COURT
DAVIE FL 33330

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	LYONS, JACK B	
STREET ADDRESS	14011 SW 36 COURT	
CITY-ST-ZIP	DAVIE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LYONS, LAURA C	
STREET ADDRESS	14011 SW 36 CT.	
CITY-ST-ZIP	DAVIE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MENDOZA, THOMAS ANTHONY	
STREET ADDRESS	1713 N DIXIE HWY	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	V	<input type="checkbox"/> Delete
NAME	DRAKE, JOHN F	
STREET ADDRESS	2118 SW 3RD TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Hardin, Randall Scott	
STREET ADDRESS	4496 SW 34 Terrace	
CITY-ST-ZIP	Dania FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack B. Lyons 3/17/2000 370-9109
President

CR2E034 (9/99)