

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013349

1. Entity Name

LYONS AND ASSOCIATES OF TAMPA BAY INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90021 032 ***150.00

Principal Place of Business

Mailing Address

1311 N. WESTSHORE BLVD.
 #315
 TAMPA FL 33607

1311 N. WESTSHORE BLVD.
 #315
 TAMPA FL 33607-4616

2. Principal Place of Business

3. Mailing Address

10069 N. Florida Ave

10069 N. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A-1

Suite A-1

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33612

Hillsborough

33612

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3227218

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

LOGGINS, WILLIAM J
 1311 N WESTSHORE BLVD SUITE 315
 TAMPA FL 33607

Name

Loggins, William J.

Street Address (P.O. Box Number, is Not Acceptable)

10069 N. Florida Ave. Suite A-1

City

Tampa

FL

Zip Code

33612

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME LOGGINS, WILLIAM J
 STREET ADDRESS 1311 N WESTSHORE BLVD SUITE 315
 CITY-ST-ZIP TAMPA FL 33607

TITLE P
 NAME Loggins, William J.
 STREET ADDRESS 10069 N. Florida Ave Ste A-1
 CITY-ST-ZIP Tampa, FL 33612

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)