

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063767

1. Entity Name  
LYKES SERVICES CO.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90180 001 \*1,200.00

Principal Place of Business  
400 N TAMPA ST  
STE. 2000  
TAMPA FL 33602  
US

Mailing Address  
400 N TAMPA ST  
STE. 2000  
TAMPA FL 33602  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3266108

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

WATERS, ELIZABETH A  
400 N TAMPA ST  
TAMPA FL 33602

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, 2001 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 D ☒ Delete  
NAME BRABSON, JOHN A.  
STREET ADDRESS 400 N TAMPA ST  
CITY-ST-ZIP TAMPA FL 33602

TITLE C/P/D ☐ Change ☒ Addition  
NAME FERGUSON, HOWELL L.  
STREET ADDRESS 400 N TAMPA ST  
CITY-ST-ZIP TAMPA FL 33602

TITLE PCEO ☒ Delete  
NAME PIPPIN, M. LENNY  
STREET ADDRESS 400 N TAMPA ST  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME BUISSON, LOUIS  
STREET ADDRESS 400 N TAMPA ST  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME LEONARDI, HARRY G  
STREET ADDRESS 400 N TAMPA ST  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME JOHNSON, KIMBERLY  
STREET ADDRESS 400 N TAMPA ST  
CITY-ST-ZIP TAMPA FL 33602

TITLE VP/T/CFO ☐ Change ☒ Addition  
NAME CASPER, SUSAN G.  
STREET ADDRESS 400 N TAMPA ST  
CITY-ST-ZIP TAMPA FL 33602

TITLE VPS ☐ Delete  
NAME WATERS, ELIZABETH  
STREET ADDRESS 400 N TAMPA ST  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth A. Waters 4/18/01 (813) 470-5034

Date

Daytime Phone #

CR2E034 (10/00)