

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038552

1. Entity Name

JAMES P. LYON & SONS, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90137 023 \*\*\*150.00

Principal Place of Business

Mailing Address

4960 SW 52 ST  
STE 420  
DAVIE FL 33314  
US

4960 SW 52 ST  
STE 420  
DAVIE FL 33314-5521  
US

900328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4980 SW 52 St.

4980 SW 52 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

Suite 105

City & State

City & State

DAVIE FL

DAVIE FL

Zip

Country

33314

USA

Zip

Country

33314

US

4. FEI Number

65-0600702

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

LYON, JAMES P  
4960 SW 52 ST  
STE 420  
DAVIE FL 33314

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME LYON, JAMES P

STREET ADDRESS ~~4960 S.W. 52 ST., #420~~ 4980 SW 52 St

CITY-ST-ZIP DAVIE FL Suite 105

TITLE ☐ Delete

NAME Secy

STREET ADDRESS Lyon, James P

CITY-ST-ZIP 4980 SW 52 St Suite 105

TITLE ☐ Delete

NAME DAVIE FL 33314

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS 4980 SW 52 St Suite 105

CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME Secy

STREET ADDRESS James P. Lyon

CITY-ST-ZIP 4980 SW 52 St Suite 105

TITLE ☐ Change ☐ Addition

NAME DAVIE FL 33314

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

James P. Lyon, Pres. James P. Lyon, Pres.

Date

1-6-00

Daytime Phone #

954 581-1010

CR2E034 (9/99)