

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101889

1. Entity Name

LYONS & LYONS INTERIOR DESIGN, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90092 033 ***150.00

Principal Place of Business

Mailing Address

~~19651 BRUCE B. DOWNS BLVD., SUITE E-6-4~~

~~19651 BRUCE B. DOWNS BLVD., SUITE E-6-4~~

~~200~~

~~200~~

TAMPA FL 33647

TAMPA FL 33647-2445

US

US

2. Principal Place of Business

3. Mailing Address

9404 Willow Cove Ct

9404 Willow Cove Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Tampa FL 33647

Zip

Zip

33647

33647

Country

Country

Hillsborough

Hillsborough

6. Name and Address of Current Registered Agent

4. FEI Number

59-3418258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of New Registered Agent

Name

Vincent A. O'Brien

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

8903 Regents Park Dr

City

Tampa, FL

FL

33647

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 P
NAME LYONS, RHONDA
STREET ADDRESS 9404 WILLOW COVE CT.
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE VP
NAME LYONS, ROBERT
STREET ADDRESS 9404 WILLOW COVE CT.
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Rhonda Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13 2000-918-9766