

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006563

1. Entity Name

THE LYKOS GROUP, INC.

FILED

Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90185 005 ***150.00

Principal Place of Business

4306 ENTERPRISE AVENUE #8
NAPLES FL 34104

Mailing Address

4306 ENTERPRISE AVENUE #8
NAPLES FL 34104

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 59-3427537

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

QUINN, JEFFREY C
307 AIRPORT ROAD NORTH
NAPLES FL 34104

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 P ☒ Delete
NAME LYKOS, XENOPHON G
STREET ADDRESS 199 W FLAMINGO CIRCLE
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS THOMAS X. LYKOS
CITY-ST-ZIP 149 W. FLAMINGO CIRCLE
MARCO ISLAND, FL. 34145

TITLE S ☐ Delete
NAME LYKES, PETER L
STREET ADDRESS 4415 WHISTLERS COVE BLVD #1121
CITY-ST-ZIP NAPLES FL 34113

TITLE ☒ Change ☐ Addition
NAME SECRETARY
STREET ADDRESS PETER L. LYKOS
CITY-ST-ZIP 4356 BEACHWOOD LK DRIVE
NAPLES, FL 34112

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

Date

Daytime Phone #

CR2E034 (10/00)