

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**  
 03-27-2002 90014 018 \*\*\*150.00

**DOCUMENT # P97000093599**

**1. Entity Name**  
**LYONS ENTERPRISES OF ST. PETERSBURG, INC.**

**Principal Place of Business**  
**4491 62ND AVE. N. #230**  
**ST. PETERSBURG FL 33742**

**Mailing Address**  
**PO BOX 21744**  
**ST. PETERSBURG FL 33742**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**4491-62nd Ave. North**  
 Suite, Apt. #, etc.  
**#230**

**3. Mailing Address**  
**PO Box 21744**  
 Suite, Apt. #, etc.

**City & State**  
**Pinellas Park, Fl.**

**City & State**  
**St. Petersburg, Fl.**

**4. FEI Number** **59-3476711**

Applied For  
 Not Applicable

**Zip** **33781** **Country** **Pinellas**

**Zip** **33742** **Country** **Pinellas**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LYONS, JAMES M**  
**6412 9TH STREET NORTH**  
**ST. PETERSBURG FL 33702**

**7. Name and Address of New Registered Agent**

**Name**  
**James M. Lyons**

**Street Address (P.O. Box Number is Not Acceptable)**  
**4491-62nd Ave. No. Unit 230**

**Pinellas Park,**

**City** **Pinellas, Park** **FL** **Zip Code** **33781**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **PTD** ☐ Delete  
**NAME** **LYONS, JAMES M**  
**STREET ADDRESS** **6412 NINTH STREET NORTH**  
**CITY-ST-ZIP** **ST. PETERSBURG FL 33702**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME** **PTD**  
**STREET ADDRESS** **LYONS, JAMES M**  
**CITY-ST-ZIP** **4491-62nd Ave. No., #230**  
**Pinellas Park, Fl., 33781** ☐ Change ☐ Addition

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

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

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**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 another like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/02** **727-528-2210**

Date Daytime Phone #

CR2E034 (9/01)