

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014295

1. Entity Name

LONMAY FINANCIAL SERVICES, INC.

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90111 041 \*\*\*150.00

Principal Place of Business

2701 W. WATERS AVE.,#204  
TAMPA FL 33614

Mailing Address

2701 W. WATERS AVE.,#204  
TAMPA FL 33614-1857

2. Principal Place of Business

14321 DIPLOMAT DR.

3. Mailing Address

P.O. Box 15862

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-3395246

Applied For

Not Applicable

Zip

33613

Country

U.S.A.

Zip

33684

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREIG, IAN

2701 W. WATERS AVE.,#204  
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

GREIG, IAN

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

14321 DIPLOMAT DR.

City

TAMPA

FL

Zip Code

33613

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 DPST ☒ Delete  
NAME GREIG, IAN  
STREET ADDRESS 2701 W. WATERS AVE.,#204  
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Add  
NAME GREIG, IAN  
STREET ADDRESS 14321 DIPLOMAT DR  
CITY-ST-ZIP TAMPA FL 33613

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

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

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

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

TITLE ☐ Change ☐ Add  
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 #

1/19/00 813-908-7698