

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90290 038 ***150.00

DOCUMENT # P98000059346

1. Entity Name

J. T. LYONS CONSTRUCTION, INC.

Principal Place of Business

1021 OSAGE STREET
CLEARWATER FL 33755

Mailing Address

1021 OSAGE STREET
CLEARWATER FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3528625

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, J T
1241 CANTERBURY ROAD
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name LYONS, RANDY F.
Street Address (P.O. Box Number is Not Acceptable)
1021 OSAGE ST
CLEARWATER
City FL Zip Code 33755

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

TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	LYONS, J T	
STREET ADDRESS	1241 CANTERBURY ROAD	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LYONS, DOROTHY	
STREET ADDRESS	1241 CANTERBURY ROAD	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LYONS, RANDY	
STREET ADDRESS	1021 OSAGE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, RANDY	
STREET ADDRESS	1021 OSAGE ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANETTE M. LYONS	
STREET ADDRESS	1021 OSAGE ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

727 447-7449

CR2E034 (10/00)