

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90015 045 ***150.00

DOCUMENT # P99000015982

1. Entity Name

LYJOCA CORPORATION

Principal Place of Business

Mailing Address

107 RANCH ROAD
R.R. 620 SOUTH NUMBER 28D
AUSTIN TX 78734

107 RANCH ROAD
R.R. 620 SOUTH NUMBER 28D
AUSTIN TX 78734

2. Principal Place of Business

3606 R.R. 620 North

3. Mailing Address

3606 R.R. 620 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AUSTIN TX 78734

City & State

AUSTIN TX 78734

4. FEI Number

65-0907636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

78734

Country

USA

Zip

78734

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAASS, ROBB R
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, CAROL B	
STREET ADDRESS	107 RANCH ROAD R.R. 620 SOUTH #28D	
CITY-ST-ZIP	AUSTIN TX 78734	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANCHART, JOHN	
STREET ADDRESS	107 RANCH ROAD R.R. 620 SOUTH #28D	
CITY-ST-ZIP	AUSTIN TX 78734	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUILLORY, LYLE	
STREET ADDRESS	107 RANCH ROAD R.R. 620 SOUTH #28D	
CITY-ST-ZIP	AUSTIN TX 78734	
TITLE		<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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, CAROL B	
STREET ADDRESS	909 Brooks Hollow	
CITY-ST-ZIP	AUSTIN TX 78734	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCHART, JOHN	
STREET ADDRESS	3606 RR 620 North	
CITY-ST-ZIP	AUSTIN TX 78734	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guillory, Lyle.	
STREET ADDRESS	800 Johnston St	
CITY-ST-ZIP	Alexandria, LA 71301	
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		<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
LANCHART

1-20-00

Date

Daytime Phone #

512
263-7101