2000 UNIFORM BUSINESS REPORT (UBR)

05-09-2000 90124 009 ***150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 27 PM 12:20

B0083025

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000026634

1. Entity Name
Lyons & Associates of Sarasota Bay, Inc.

Principal Place of Business (OLD)
709 Gran Kayman Way
Apollo Beach Fl. 33572

Mailing Address
Same

2. Principal Place of Business		3. Mailing Address	
11736 Shirburn Circle		11736 Shirburn Cr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Parrish Fl.		City & State: Parrish Fl.	
Zip: 34219	Country: Manatee	Zip: 34219	Country: Manatee

4. FEI Number 59-3569608 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Loggins, William J.
11736 Shirburn Circle
Parrish, Fl. 34219

7. Name and Address of New Registered Agent
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Loggins, William J. 11736 Shirburn Circle Parrish, Fl. 34219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: No late Fee, report was posted to wrong corp.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 6/27	☐ Change ☐ Addition

CR2E034 (9/99)

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] 4-26-00 (941) 776-3980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #