

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90141 016 ***150.00

DOCUMENT # P99000026631

1. Entity Name

LYONS & ASSOCIATES OF SARASOTA BAY, INC.

Principal Place of Business

**11736 SHIRBURN CIRCLE
PARRISH FL 34219**

Mailing Address

**11736 SHIRBURN CIRCLE
PARRISH FL 34219**

2. Principal Place of Business

3. Mailing Address

22797 Penny Loop

22797 Penny Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land O Lakes FL.

City & State

Land O Lakes FL.

Zip

34639

Country

USA

Zip

34639

Country

USA

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 **Loggins, William J.**

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

22797 Penny Loop

City **Land O Lakes**

FL

Zip Code

34639

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LOGGINS, WILLIAM J**
STREET ADDRESS **11736 SHIRBURN CIRCLE**
CITY-ST-ZIP **PARRISH FL 34219**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **P** ☒ Change ☐ Addition
NAME **Loggins, William J.**
STREET ADDRESS **22797 Penny Loop**
CITY-ST-ZIP **Land O Lakes, FL 34639**

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

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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 #

CR2E034 (9/01)