FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046369

1. Entity Name

DIVISION 15 SERVICES, INC.

FILED

04 APR 28 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400035781154
05/07/04--01094--013 **150.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
401 Highway A1A	P. O. Box 372608
Suite, Apt. #, etc.: Unit 122	Suite, Apt. #, etc.
City & State: Satellite Beach, Florida	City & State: Satellite Beach, Florida
Zip: 32937 Country	Zip: 32937 Country

4. FEI Number: 593577820 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 SW 22nd Street, 4th Floor

City: Miami **FL** Zip Code: 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD THOMAS G. LYONS, JR. 401 Hwy A1A, U.122,Satellite Beach,FL3293	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Donna M. Lyons 401 Hwy A1A, U.122,Satellite Beach,FL3293	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas G. Lyons Jr. THOMAS G. LYONS, JR. 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #