

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90127 020 ***150.00

DOCUMENT # P99000046369

1. Entity Name
DIVISION 15 SERVICES, INC.



Principal Place of Business
P.O. BOX 372608
SATELLITE BEACH FL 32937

Mailing Address
P.O. BOX 372608
SATELLITE BEACH FL 32937

10033031



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3577820**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **VSTD**
STREET ADDRESS **LYONS, DONNA M**
CITY-ST-ZIP **504-DOHENY-WAY**
CASSELBERRY-FL-32707

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **401 HWY A1A #122**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **LYONS, THOMAS G JR**
CITY-ST-ZIP **504-DOHENY-WAY**
CASSELBERRY-FL-32707

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **401 HWY A1A #122**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS G. LYONS, JR., PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03 321-779-0154
Date Daytime Phone #

CR2E034 (10/02)