

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90015 012 \*\*\*150.00

**DOCUMENT # P99000060846**

1. Entity Name

**LYON FARMS SALES & SERVICE CO**

Principal Place of Business

**4860 MILDRED BASS ROAD  
 ST. CLOUD FL 34772**

Mailing Address

**4092 FANNY BASS ROAD  
 ST. CLOUD FL 34772**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2192279**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LYONS, CHARLES  
 273 CITRUS DRIVE  
 KISSIMMEE FL 34743**

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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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  
**P  
 LYON, WILLIAM  
 19 B STIRIZ ROAD  
 BROOKHAVEN NY 11719** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 CITY-ST-ZIP ☐ Delete

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/4/02 301 260 9220**

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*

2917 E. Olney-Sandy Spring Road  
Olney, Maryland 20832

Telephone 301 260-9770  
Fax 301 260-9772  
E-mail scott@handelcpa.com



**Handel & Associates, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

September 4, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Ref: P99000060846

Lyon Farms Sales & Service Co.

To Whom it May Concern.

We are the accountants for Lyon Farms Sales & Service Co. Attached please find UBR Document #P99000060846 and a check for \$150.00. We request at this time to have the \$400.00 late fee waived, the January report was not received at Lyons Farm, therefore it was never filed.

We have changed the address for mailing so this will not happen again. If you have any questions or if we can be of any assistance please call.

Sincerely,

Scott Handel, MBA, CPA