

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-22-2000 90074 041 ***150.00

DOCUMENT # P99000066012

1. Entity Name

LAWYERS MORTGAGE SERVICES, INC.

Principal Place of Business

161 SANTA CLARA DR., NO.12
NAPLES FL 34104

Mailing Address

161 SANTA CLARA DR., NO.12
NAPLES FL 34104-5418

2. Principal Place of Business

2436 43RD STREET SW

Suite, Apt. #, etc.

3. Mailing Address

2436 43RD STREET SW

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34116

Country

USA

Zip

34116

Country

USA

4. FEI Number

65-0938542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required -

6. Name and Address of Current Registered Agent

LYONS, RICHARD D
161 SANTA CLARA DR., NO.12
NAPLES FL 34104

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

3/19/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LYONS, RICHARD D	
STREET ADDRESS	161 SANTA CLARA DR., NO.12	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY J. SMITH	
STREET ADDRESS	2436 43RD STREET SW	
CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	V.P./SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN M. LYONS	
STREET ADDRESS	3000 N. FED.HWY., SU 200	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES F. SMITH	
STREET ADDRESS	2436 43RD STREET SW	
CITY-ST-ZIP	NAPLES, FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

BETTY J. SMITH, PRESIDENT (941) 348-0589

Date 3-14-00 Daytime Phone #

CR2ED34 (9/99)