

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108825

1. Entity Name
LYONS SOFTWARE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90091 019 ***150.00

Principal Place of Business
900 EUCLID
#11
MIAMI FL 33139

Mailing Address
PO BOX 190268
MIAMI BEACH FL 33119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
336 N Birch Rd
Suite, Apt. #, etc.
14-D
City & State
Ft Lauderdale FL
Zip 33304 Country US

3. Mailing Address
336 N Birch Rd, 14-D
Suite, Apt. #, etc.
14-D
City & State
Ft Lauderdale FL
Zip 33304 Country US

4. FEI Number 65-0971658
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LYONS, BENEDICT J
505 S. OCEAN DR. B3
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
Name Benedict J Lyons
Street Address (P.O. Box Number is Not Acceptable)
336 N Birch Rd 14-D
City Ft Lauderdale FL Zip Code 33304

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 Benedict J Lyons DATE 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, BENEDICT J		NAME	Benedict J Lyons	
STREET ADDRESS	505 S. OCEAN DR. B3		STREET ADDRESS	336 N Birch Rd 14-D	
CITY-ST-ZIP	HOLLYWOOD FL 33019		CITY-ST-ZIP	Ft Lauderdale FL 33304	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Benedict J Lyons DATE 4/26/01 954 763 8402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)