2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90023 025 ***150.00

DOCUMENT # P99000109188

Entity Name

FLC INC. (LYONS CONSTRUCTION INC)

Principal Place of Business	Mailing Address

Principal Place of Business	3. Mailing Address
	1479 NE 63RD CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: FT. LAUD. FL.
Zip / Country	Zip: 33334 / Country: USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0964740 ☐ 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
	Name: FRANK LYONS
	Street Address (P.O. Box Number is Not Acceptable): 1479 NE 63RD CT
	City: FT. LAUD. FL Zip Code: 33334

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.

Frank Lyons — 4/29/00

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

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete P LYONS, FRANK 1479 NE 63RD CT FT. LAUD FL 33334 ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D LYONS, NICOLE 11050 GOLFING ROAD BISCAYNE PARK FL 33161 ☐ Change ☒ Addition
☐ Delete ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D LYONS, BRUCE 11050 Golfing Blvd. Biscayne Park FL 33161 ☐ Change ☒ Addition
☐ Delete ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/99)

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: Frank Lyons — 4/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #