

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V24450

1. Entity Name

LYONS AND ASSOCIATES INTERNATIONAL, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90141 024 ***150.00

Principal Place of Business

1416 NEWBRIDGE LN
ORLANDO FL 32825
US

Mailing Address

4564 WETHERBEE ROAD
ORLANDO FL 32776-9142
US

2. Principal Place of Business

28014 Hwy 46A

Suite, Apt. #, etc.

3. Mailing Address

28014 Hwy 46A

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sorrento, FL

Zip 32776

Country USA

City & State

Sorrento, FL

Zip 32776

Country USA

4. FEI Number

59-3111192

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

LYONS, KENNETH L.
4564 WETHERBEE RD
ORLANDO FL 32809

Name

LYONS, KENNETH L.

Street Address (P.O. Box Number is Not Acceptable)

28014 Hwy 46A

City Sorrento

FL

Zip Code 32776

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

Kenneth Lyons Kenneth L. LYONS President 4/19/00

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LYONS, KENNETH L.	
STREET ADDRESS	4564 WETHERBEE RD.	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LYONS, KELLY	
STREET ADDRESS	1416 NEWBRIDGE LN	
CITY-ST-ZIP	ORLANDO FL 32825	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28014 Hwy 46A	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	28014 Hwy 46A	
CITY-ST-ZIP	Sorrento, FL 32776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 352-385-4422
Date Daytime Phone #

CR2E034 (9/99)