

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90412 046 ***150.00

0483712

DOCUMENT # V24450

1. Entity Name

LYONS AND ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business

**28014 HWY 46 A
 SORRENTO FL 32776
 US**

Mailing Address

**28014 HWY 46 A
 SORRENTO FL 32776
 US**

2. Principal Place of Business

4564 Wetherbee Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 622166

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

ORLANDO, FL

Zip

32824

Country

ORANGE

Zip

32862

Country

ORANGE

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

**LYONS, KENNETH L.
 28014 HWY 46 A
 SORRENTO FL 32776**

7. Name and Address of New Registered Agent

Name

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

~~P.O. BOX~~ 4564 Wetherbee Rd

City

ORLANDO

FL

Zip Code

32824

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/01

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 LYONS, KENNETH L.
 28014 HWY 46 A
 SORRENTO FL 32776** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 LYONS, KELLY
 28014 HWY 46 A
 SORRENTO FL 32776** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P.O. BOX 622166
 ORLANDO, FL 32862** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P.O. BOX 622166
 ORLANDO, FL 32862** ☒ Change ☐ Addition

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

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

407-947-4850

Daytime Phone #

CR2E034 (10/00)