

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47042

1. Entity Name

LYON REALTY OF BREVARD, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90054 035 ***150.00

Principal Place of Business

200 WILLARD STREET
SUITE 2E
COCOA FL 32922
US

Mailing Address

200 WILLARD STREET
SUITE 2E
COCOA FL 32922
US

2. Principal Place of Business

640 BREVARD AVENUE

Suite, Apt. #, etc.

SUITE 101

City & State

COCOA, FL

Zip

32922

Country

BREVARD

3. Mailing Address

640 BREVARD AVENUE

Suite, Apt. #, etc.

SUITE 101

City & State

COCOA, FL

Zip

32922

Country

BREVARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3131528

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYON, EDWARD J., SR.
200 WILLARD STREET
SUITE 2E
COCOA FL 32922

7. Name and Address of New Registered Agent

Name

LYON, EDWARD J., SR.

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

640 BREVARD AVENUE

Suite 101

City

COCOA

FL

Zip Code

32922

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

Edward J. Lyon Sr.

President

04/09/01

DATE

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)

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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
D
LYON, EDWARD J., SR.
856 SPIREA DRIVE
ROCKLEDGE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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LYON, EDWINA D
856 SPIREA DRIVE
ROCKLEDGE FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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:

Edward J. Lyon Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/01

Date

(321)639-0400

Daytime Phone #

CR2E034 (10/00)