

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90219 038 \*\*\*150.00

**DOCUMENT # P93000009639**

1. Entity Name  
**KYLE CONSTRUCTION, INC.**

Principal Place of Business <b>4227-A ARNOLD AVENUE          NAPLES FL 34109          US</b>	Mailing Address <b>4227-A ARNOLD AVENUE          NAPLES FL 34104-3712          US</b>
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2. Principal Place of Business <b>3636 PROSPECT AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>3636 PROSPECT AVE</b> Suite, Apt. #, etc.
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City & State <b>NAPLES FLORIDA</b>	City & State <b>NAPLES FLORIDA</b>	4. FEI Number <b>65-0382582</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34104</b>	Country <b>USA</b>	Zip <b>34104</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ABRAHAM, CHARLES E  
 4227-A ARNOLD AVENUE  
 NAPLES FL 34104**

7. Name and Address of New Registered Agent  
 Name  
**LANA M. ABRAHAM**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6625 HUNTERS ROAD**  
 City  
**NAPLES** FL Zip Code  
**34109**

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 *Charles E Abraham, President* DATE April 9, 2000  
Signature Used 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.   
**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 NAME STREET ADDRESS CITY-ST-ZIP	PT ABRAHAM, CHARLES E 4227-A ARNOLD AVENUE NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CHARLES E ABRAHAM 6625 HUNTERS RD NAPLES, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ABRAHAM, LANA 4227-A ARNOLD AVENUE NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LANA M. ABRAHAM 6625 HUNTERS RD NAPLES, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lana M Abraham* **REQUIRED** LANA M ABRAHAM DATE 4-9-00 DAYTIME PHONE # 941-643-7059  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/991