

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90139 013 ***150.00

DOCUMENT # 468104

1. Entity Name
CLYDE GAYLE & ASSOCIATES, INC.



Principal Place of Business
~~331 CLUB COVE DR~~
TITUSVILLE FL 32780
1091 S.W. BROMELIA TER
STUART, FL 34997

Mailing Address
~~331 CLUB COVE DR~~
TITUSVILLE FL 32780
1091 S.W. BROMELIA TER.
STUART, FL 34997



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1594415**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BROBERG, PETER
223 PERUVIAN AVENUE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD GAYLE, DENNIS M PO BOX 11534 NAPLES FL 34101	TITLE	VD GAYLE, DENNIS M. 3891 1ST AVE, N.W. NAPLES, FL 34120
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PT GAYLE, CLYDE G 331 CLUB COVE DR TITUSVILLE FL 32780	TITLE	PT GAYLE, CLYDE G. 1091 S.W. BROMELIA TER. STUART, FL 34997
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DS GAYLE, ELIZABETH 331 CLUB COVE DR TITUSVILLE FL 32780	TITLE	DS GAYLE, ELIZABETH 1091 S.W. BROMELIA TER. STUART, FL 34997
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clyde G. Gayle **4/15/03** **772-781-2660**

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

CR2E034 (10/02)