

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90002 031 \*\*\*150.00

06968670  
 IN

**DOCUMENT # 631153**

1. Entity Name  
**KYLE'S CLOCK SHOP, INC.**

Principal Place of Business Mailing Address  
**1454 GULF-TO-BAY BOULEVARD** **1454 GULF-TO-BAY BOULEVARD**  
**CLEARWATER FL 34615** **CLEARWATER FL 34615**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1923387** Applied For  
 Not Applicable

Zip Country Zip Country  
**33755** **33755**

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

**KYLE, JEFF**  
**2162 WRENS WAY**  
**CLEARWATER FL 34204**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1528 SEABREEZE ST**  
 City **CLEARWATER** FL Zip Code **33756**

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 \_\_\_\_\_ 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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KYLE, JEFF</b>	
STREET ADDRESS	<b>1528 SEABREEZE ST</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>KYLE, MARY</b>	
STREET ADDRESS	<b>1528 SEABREEZE ST</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KYLE, TERRY</b>	
STREET ADDRESS	<b>80 ROGERS ST 6A</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE		<input type="checkbox"/> Delete
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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 all other like empowered.

SIGNATURE: *Jeff Kyle* **MARY L. KYLE, SEC.** 1/29/02 727-442-7782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)