

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90156 036 ***150.00

0698984 FP

DOCUMENT # 631153

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



Principal Place of Business
**1454 GULF-TO-BAY BOULEVARD
CLEARWATER FL 33755**

Mailing Address
**1454 GULF-TO-BAY BOULEVARD
CLEARWATER FL 33755**

2. Principal Place of Business
2073 DREW ST.
Suite, Apt. #, etc.

3. Mailing Address
2073 DREW ST.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL
Zip
33765 Country
U.S.

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CLEARWATER, FL
Zip
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4. FEI Number **59-1923387**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KYLE, JEFF
1528 SEABREEZE ST
CLEARWATER FL 33756**

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 **P** ☐ Delete
NAME **KYLE, JEFF**
STREET ADDRESS **1528 SEABREEZE ST**
CITY-ST-ZIP **CLEARWATER FL 33756**

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

TITLE **ST** ☒ Delete
NAME **KYLE, MARY**
STREET ADDRESS **1528 SEABREEZE ST**
CITY-ST-ZIP **CLEARWATER FL 33756**

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

TITLE **VP** ☐ Delete
NAME **KYLE, TERRY**
STREET ADDRESS **80 ROGERS ST 6A**
CITY-ST-ZIP **CLEARWATER FL 33756**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-28-03** Daytime Phone # **727-442-7782**

CR2E034 (10/02)