

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0144421 AT

DOCUMENT # F01000000393
1. Entity Name
CDI-DOUGLASS-PYE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 10 AM 8:00

Principal Place of Business 4669 SOUTHWEST FREEWAY #800 HOUSTON TX 77027	Mailing Address 4669 SOUTHWEST FREEWAY #800 HOUSTON TX 77027
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES **MRS**

4. FEI Number **76-0554858** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**SMOOT, CAROLYN G
761 ISLAND WAY
CLEARWATER FL 33767**

7. Name and Address of New Registered Agent

Name **ROD D. SMOOT**
Street Address (P.O. Box Number is Not Acceptable)
761 Island Way
City **Clearwater** FL Zip Code **33767**

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 **Rod Smoot** (Signature, typed or printed name of registered agent and title if applicable.) **Rod Smoot** (NOTE: Registered Agent signature required when reinstating) **9/5/03** DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PCTD DOUGLASS, MARGARET 4669 SOUTHWEST FREEWAY #800 HOUSTON TX <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	VSD PYE, BILL 4669 SOUTHWEST FREEWAY #800 HOUSTON TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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09/10/03--01064--020 **558.75

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: **MOON SIGNATURE REQUIRED Douglas** **9/5/03 7137835900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)