

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES **MRS**

4. FEI Number 76-0554858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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.)
 (NOTE: Registered Agent signature required when reinstating)

DATE **9/5/03**

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

TITLE	PCTD DOUGLASS, MARGARET	<input type="checkbox"/> Delete
NAME	4669 SOUTHWEST FREEWAY #800	
STREET ADDRESS	HOUSTON TX	
CITY-ST-ZIP		
TITLE	VSD PYE, BILL	<input type="checkbox"/> Delete
NAME	4669 SOUTHWEST FREEWAY #800	
STREET ADDRESS	HOUSTON TX	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
100022934041 09/10/03--01064--020 **558.75		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **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)