

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F84149

1. Entity Name

LYLE, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90238 022 \*\*\*150.00

Principal Place of Business

710 30TH STREET  
FT MEADE FL 33841

Mailing Address

710 30TH STREET  
FT MEADE FL 33841

2. Principal Place of Business

3. Mailing Address

710 30th St NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT MEADE, FL

Zip

Country

Zip

Country

33841

FL

4. FEI Number

59-2210212

Applied For

Not Applicable

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

DUGGAN, J. R  
1029 WEST MAGNOLIA STREET  
LEESBURG FL 34748

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 P  
NAME LYLE, JAMES S  
STREET ADDRESS 710 30TH STREET  
CITY-ST-ZIP FT MEADE FL 33841

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE v.p.  
NAME DONALD M. GERTSCH  
STREET ADDRESS 11152 81st Ct N.  
CITY-ST-ZIP PALM BCH, CAVERA 33412

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01 883-285-1233  
Date Daytime Phone #

CR2E034 (10/00)