## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

SUN CITY CTR FL 33571

P O BOX 5869

## J71586 **DOCUMENT#**

1. Entity Name

TERRENCE F. PYLE, P.A.

Principal Place of Business

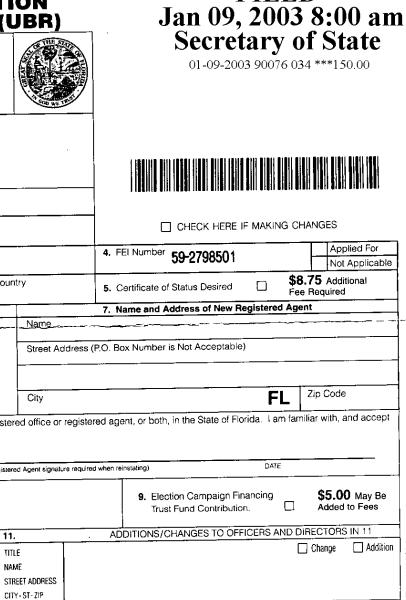
2. Principal Place of Business

Suite, Apt. #, etc.

City & State

707 DEL WEBB BLVD

SUN CITY FL 33573



**FILED** 

Zip	,	Country	Zip 🛫	Country	<b>5.</b> Ce	ortificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
6. Name and Address of Current registeres regen					Name				
PYLE, TERF		Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
SUN CITYCENTER FL 33573									1
							FL	Zip Code	nd againt
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 Signature, typed or printed name of registered agent and title if applicable. (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						Election Campaign Financ Trust Fund Contribution.		Added	May Be to Fees
10.		OFFICERS AND I	DIRECTORS	11.	. ADI	DITIONS/CHANGES TO OFFICER	_	_	Addition
NAME STREET ADDRESS	PSTD PYLE, TERRE 707 DEL WE SUN CITY C	BB BLVD	☐ Delete '	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			L	_] Change	Addition
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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:

CR2E034 (10/02)