

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90038 045 \*\*\*\*50.00

**DOCUMENT # L01000003199**

1. Entity Name

**KYRIS ENTERPRISES, L.L.C.**



Principal Place of Business

**20 RUSSELL COURT  
VENUS FL 33960**

Mailing Address

**20 RUSSELL COURT  
VENUS FL 33960**

40006556



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1104185**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EWING, CORALIS  
20 RUSSELL COURT  
VENUS FL 33960**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **EWING, CORALIS**  
STREET ADDRESS **4219 WINCHESTER LANE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **20 Russell Ct.**  
CITY-ST-ZIP **Venus, FL 33960**

TITLE **MGR** ☐ Delete  
NAME **HEILMAN, KRIS W**  
STREET ADDRESS **3915 S. FLAGLER DRIVE #201**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2169 Trade Center Way**  
CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Albert O. Ewing**  
STREET ADDRESS **20 Russell Ct.**  
CITY-ST-ZIP **Venus, FL 33960**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Coralis Ewing* **CORALIS EWING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/8/03 (863)465-3828**

Date Daytime Phone #

CR2E083 (10/02)