

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L91086

1. Entity Name

NYLE HOME HEALTH SUPPLIES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90099 015 ***150.00

Principal Place of Business

1292 HAMMOND STREET
BANGOR ME 04401

Mailing Address

1292 HAMMOND STREET
BANGOR ME 04401-5708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1906803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, RICHARD N.
9200 S DADELAND BLVD.
SUITE 612
MIAMI FL 33156

7. Name and Address of New Registered Agent

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, 2000 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

TITLE **P** ☒ Delete
NAME **NYER, SAMUEL**
STREET ADDRESS **72 CENTER ST**
CITY-ST-ZIP **BANGOR ME 04401**

TITLE **VP** ☐ Delete
NAME **CLIFFORD, WILLIAM**
STREET ADDRESS **1292 HAMMOND STREET**
CITY-ST-ZIP **BANGOR ME 04401**

TITLE **T** ☐ Delete
NAME **WRIGHT, KAREN**
STREET ADDRESS **1292 HAMMOND STREET**
CITY-ST-ZIP **BANGOR ME 04401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **NYER, SAMUEL**
STREET ADDRESS **72 CENTER ST**
CITY-ST-ZIP **BREWER, ME 04412**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

Karen Wright **KAREN WRIGHT,**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-00
Date

207-942-5273
Daytime Phone #

CR2E034 (9/99)