

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/12/1

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90169 001 \*\*\*150.00

**DOCUMENT # P00000077813**

1. Entity Name

ROSE KYLE PROPERTIES, INC.

Principal Place of Business

Mailing Address

13018 156TH STREET NORTH  
 JUPITER FL 33478

13018 156TH STREET NORTH  
 JUPITER FL 33478

2. Principal Place of Business

2401 Midway Rd.  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PI. St. Lucie, FLA.

City & State

4. FEI Number

65-1032501

Applied For

Not Applicable

Zip

Country

34983

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

COX, TIMOTHY W  
 324 DATURA STREET  
 SUITE 300  
 W. PALM BEACH FL 33401

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, 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

TITLE	D -	<input type="checkbox"/> Delete
NAME	KYLE, ROSEMARY	
STREET ADDRESS	13018 156TH STREET NORTH	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE	<del>D -</del>	<del><input checked="" type="checkbox"/> Delete</del>
NAME	<del>LUIGI, ANTHONY</del>	
STREET ADDRESS	<del>154 LAKE MARY DRIVE #156</del>	
CITY-ST-ZIP	<del>W. PALM BEACH FL 33411</del>	
TITLE	<del>[REDACTED]</del>	<del><input checked="" type="checkbox"/> Delete</del>
NAME	<del>[REDACTED]</del>	
STREET ADDRESS	<del>[REDACTED]</del>	
CITY-ST-ZIP	<del>[REDACTED]</del>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rosemary B. Kyle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01

Date

561-  
 744-7666

Daytime Phone #

CR2E034 (10/00)