2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED May 01, 2002 8:00 am Secretary of State P00000107028 DOCUMENT # 1. Entity Name HR PYLE ASSOCIATES, INC. 05-01-2002 91461 020 ***150 00 Principal Place of Business Mailing Address 2654 NELSON COURT +2054 NELSON COURT WESTON FL 33332 WESTON FL 33332 2. Principal Place of Business 3. Mailing Address Civele Duckside Civele Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1061636 estun Weston Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PYLE, H. RUTH Street Address (P.O. Box Number is Not Acceptable) 2654_NELSON_COURT WESTON FL 33332 Dockside Circle City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Šee criteria on back) Make Check Payable to Department of State 11. i OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** TITLE 4 ☐ Delete TITLE Change Addition PYLE, H. RUTH NAME NAME ,1e, H. Ruth 2654 NELSON COURT Duckside Circle STREET ADDRESS STREET ADDRESS WESTON FL 33332 CITY-ST-ZIP CITY-ST-ZIP WISTON, FL 33327 TITLE ☐ Delete TITLE PYLE, STEPHEN J NAME bockside Cire NAME 2654 NELSON COURT STREET ADDRESS STREET ADDRESS WESTON FL 33332 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ----NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 the exemption as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee emoc changed, or on an attachment with an address.

NING OFFICER OR DIRECTOR

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