

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2002 8:00 am**  
**Secretary of State**

02-15-2002 90020 020 \*\*\*158.75

**DOCUMENT # P01000050251**

1. Entity Name  
**FYE PROPERTIES, INC.**

Principal Place of Business  
**4720 49TH STREET NORTH #18**  
**ST PETERSBURG FL 33709**

Mailing Address  
**4720 49TH STREET NORTH #18**  
**ST PETERSBURG FL 33709**

2. Principal Place of Business

**SEE ABOVE**

3. Mailing Address

**SEE ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TICE, LETTIE**  
**5590 80TH PLACE NORTH**  
**PINELLAS PARK FL 33781**

Name **LETTIE TICE**

Street Address (P.O. Box Number is Not Acceptable)  
**4720 49 STREET NORTH #18**

City **ST PETERSBURG** **FL** Zip Code **33709**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1-28-2002**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DPV**  
 STREET ADDRESS **TICE, LETTIE**  
 CITY-ST-ZIP **4720 49TH STREET NORTH #18**  
**ST PETERSBURG FL 33709**

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

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **TICE, LETTIE**  
 CITY-ST-ZIP **4720 49TH STREET NORTH #18**  
**ST PETERSBURG FL 33709**

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

TITLE ☐ Delete  
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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: **[Signature]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**1-28-2002 727 541 2173**

CR2E034 (9/01)