

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 040000 82556

1. Entity Name

Pyle & Pyle Enterprise, Inc.

FILED

05 APR 26 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4079 FORSYTHE WAY

Suite, Apt. #, etc.

3. Mailing Address

4079 FORSYTHE WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

20-1158309

Applied For

Not Applicable

Zip

32309

Country

LEON

Zip

32309

Country

LEON

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

THOMAS L. WHITAKER, SR.

Street Address (P.O. Box Number is Not Acceptable)

1607 WOODGATE WAY

City

TALLAHASSEE

FL

Zip Code

32308

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

Thomas L. Whitaker, Sr.

THOMAS L. WHITAKER, SR.

DATE

04/25/05

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
VIVIAN M. PYLE
4079 FORSYTHE WAY
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
JAMES L. PYLE
4079 FORSYTHE WAY
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
THOMAS L. WHITAKER, SR.
1607 WOODGATE WAY
TALLAHASSEE, FL 32308

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800053837838
05/04/05--01047--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

T. Roberts APR 26 2005

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 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 a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vivian M. Pyle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date

566-3669

Daytime Phone #

CR2E034B (12/01)