

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025603

1. Entity Name

THE KYLE CORPORATION

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90127 005 ***150.00

Principal Place of Business

Mailing Address

9920 OLD BAYMEADOWS
 JACKSONVILLE FL 32256

9920 OLD BAYMEADOWS
 JACKSONVILLE FL 32256-8103

2. Principal Place of Business

3. Mailing Address

8286 WESTERN WAY Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

D-3

City & State

JACKSONVILLE, FL

4. FEI Number 59-3191193

Applied For
 Not Applicable

Zip

Country

32256

USA

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

PHILLIP, LESTER S
 8844 IVY MILL PLACE SOUTH
 JACKSONVILLE FL 32244-6310

Name PHILLIP, LESTER S

Street Address (P.O. Box Number is Not Acceptable)
 8286 WESTERN WAY CIRCLE

SUITE D-3

City JACKSONVILLE

FL

Zip Code 32256

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME PHILLIP, MERLE
 STREET ADDRESS 8844 IVY MILL PL. SO.
 CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE C
 NAME MERLE PHILLIP, MERLE
 STREET ADDRESS 8286 WESTERN WAY CIRCLE D-3
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE V
 NAME PHILLIP, LESTER
 STREET ADDRESS 8844 IVY MILL PL. SO.
 CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE M/T/S
 NAME PHILLIP, LESTER
 STREET ADDRESS 8286 WESTERN WAY CIRCLE D-3
 CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)