

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90994 048 \*\*\*150.00

0477433 AV

**DOCUMENT # P94000008726**

**1. Entity Name**  
**LYLE PAINTING CORPORATION**

**Principal Place of Business**  
~~2631 NW 4TH STREET~~  
~~FT. LAUDERDALE FL 33311~~

**Mailing Address**  
~~2631 NW 4TH STREET~~  
~~FT. LAUDERDALE FL 33311~~



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**NONE**

Suite, Apt. #, etc.

**COMPANY INACTIVE**

City & State

**3. Mailing Address**

**3000 HOLIDAY DRIVE**

Suite, Apt. #, etc.

**#1104**

City & State

**FT LAUDERDALE FL**

**4. FEI Number 65-0461138**

Applied For

Not Applicable

Zip

Country

Zip

**33316**

Country

**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**

**LYLE, DARREN D**

~~2631 NW 4TH STREET~~

~~FORT LAUDERDALE FL 33311~~

Name

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

**3000 HOLIDAY DRIVE APT #1104**

City

**FT. LAUDERDALE**

**FL**

Zip Code

**33316**

**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

**25 FEB 02**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME**  
**OP**  
**LYLE, DARREN D**  
**STREET ADDRESS**  
**3000 HOLIDAY DRIVE #1104**  
**CITY-ST-ZIP**  
**FT LAUDERDALE FL 33316**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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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

**25 FEB 02**

Date

**954 583 1895**

Daytime Phone #

CR2E034 (9/01)