

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90002 023 \*\*\*150.00

DOCUMENT # P94000075573

1. Entity Name

Cynthia J. Pyles, P.A.

Principal Place of Business

Mailing Address

1336 Olympia Park Circle  
Dee, FL 34761

1336 Olympia Park Circle  
Dee, FL 34761

2. Principal Place of Business

3. Mailing Address

1336 Olympia Park Circle

1336 Olympia Park Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dee, FL

City & State

Dee, FL

Zip

Country

34761

USA

Zip

Country

34761

USA

4. FEI Number

59-3278455

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

Pyles, Cynthia J.  
1336 Olympia Park Circle  
Dee, FL 34761

Name

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

City

FL

Zip Code

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

Cynthia J. Pyles

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

(NOTE: Registered Agent signature required when reinstating)

5/22/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Pyles, Cynthia J.  
1336 Olympia Park Circle  
Dee, FL 34761 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
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☐ Delete

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

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:

Cynthia J. Pyles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/00

Date

(407) 909-1062

Daytime Phone #

CR2E034 (9/99)