

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90051 023 \*\*\*150.00

**DOCUMENT # P95000077241**

1. Entity Name  
**PYRAMID ASSOCIATES, INC.**

Principal Place of Business <b>129 NANDINA CIR.          PONTE VEDRA BEACH FL 32082</b>	Mailing Address <b>129 NANDINA CIR.          PONTE VEDRA BEACH FL 32082</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3342975**

Applied For

Not Applicable

Zip Country

Zip Country

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

**HOULD, STEPHEN A ESQ.  
 708 N. THIRD STREET  
 JACKSONVILLE BEACH FL 32250**

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 \_\_\_\_\_  
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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>PD WILLIAM J. COLLINS 129 NANDINA CIRCLE PONTE VEDRA BEACH FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>STD LISA ANN LEE 161 BARBERRY LANE PONTE VEDRA BEACH FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>LISA ANN LEE 4812 MARSH HAMMOCK DR. E. JACKSONVILLE, FLA</b>
<input type="checkbox"/> Delete	<b>VPD LEGEZE, PETER P JR 136 PLANTATION CIRCLE, S PONTE VEDRA BEACH FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>PETER P LEGEZE, JR 152 RIVER MARSH DRIVE PONTE VEDRA BEACH, FL 32082</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William J Collins* **WILLIAM J COLLINS** **2-5-01** **904-285-8918**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)