

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90119 018 \*\*\*150.00

**DOCUMENT # P95000079260**

1. Entity Name  
**KYLER AND GRAHAM, CORP.**

Principal Place of Business

**2408 SE SAPELO AVE  
 PORT ST LUCIE FL 34952  
 US**

Mailing Address

~~3 GRACE DR~~ **24 C Mulberry Ct**  
**OLD BRIDGE NJ 08857  
 US**

2. Principal Place of Business

3. Mailing Address

**24 C Mulberry Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Brielle NJ**

4. FEI Number **65-0621158**

Applied For

Not Applicable

Zip

Country

Zip

Country

**08730** **Honmouth**

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

**NORTON, BRIAN J  
 2408 SE SAPELO AVE  
 PORT ST LUCIE FL 34952**

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

TITLE ☐ Delete  
 NAME **DTCE**  
 STREET ADDRESS **NORTON, BRIAN J**  
 CITY-ST-ZIP **2408 SE SAPELO AVE  
 PORT ST LUCIE FL 34952**

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

TITLE ☐ Delete  
 NAME **DT**  
 STREET ADDRESS **CUYLER, ROBERT**  
 CITY-ST-ZIP **201 COLORADO AVE - 1  
 STUART FL 34994**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **P.O. Box 2006 - 201 Colorado Ave - 4**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **EVELETH, DANIEL**  
 CITY-ST-ZIP **2208 SE HADDON ST  
 PORT SAINT LUCIE FL 34984**

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

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **NORTON, JANET P**  
 CITY-ST-ZIP **3 GRACE DRIVE  
 OLD BRIDGE NJ 08857**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **24 C Mulberry Court**  
 CITY-ST-ZIP **Brielle NJ 08730**

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **POWEL, LINDA**  
 CITY-ST-ZIP **9742 E GELDING DR  
 SCOTTSDALE AZ**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **3614 Summit Drive**  
 CITY-ST-ZIP **Pocatello, ID 83201**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **MCGAHAN, KATHLEEN A**  
 CITY-ST-ZIP **25 SE SEMINOLE ST-301  
 STUART FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**Janet P. Norton**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/10/01 732-292-2875**

CR2E034 (10/00)