

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90220 026 ***150.00

DOCUMENT # P96000069780

1. Entity Name
W.E. LYLE ENTERPRISES, INC.



Principal Place of Business
**1413 LAKE ERIE DR.
LAKE WORTH FL 33461**

Mailing Address
**1413 LAKE ERIE DR.
LAKE WORTH FL 33461**



2. Principal Place of Business
1413 Lake Erie Dr.
Suite, Apt. #, etc.
lake worth Fla
City & State

3. Mailing Address
1413 Lake Erie Dr.
Suite, Apt. #, etc.
Lake Worth Fla
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0693953**

Applied For
☐ Not Applicable

Zip **33461** Country **Palm Beach**

Zip **33461** Country **Palm Beach**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LYLE, WILLIAM E
1413 LAKE ERIE DR.
LAKE WORTH FL 33461**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William E Lyle William E Lyle 4/15-03
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYLE, WILLIAM 1413 LAKE ERIE DR. LAKE WORTH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William E Lyle 4/15/03 (561) 586-8384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)