

FILED
May 16, 2001 8:00 am
Secretary of State

764497

[illegible]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000074658

1. Entity Name
PYRAMID FINANCIAL SERVICES, INC.

Principal Place of Business
3209 SAWGRASS VILLAGE CIRCLE
PONE VEDRA BEACH FL 32082

Mailing Address
3209 SAWGRASS VILLAGE CIRCLE
PONE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3399689

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOSEPH S KNECHT & COMPANY PA
3209 SAWGRASS VILLAGE CIRCLE
PONE VEDRA BEACH FL 32082

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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KNECHT, JOSEPH S
3209 SAWGRASS VILLAGE CIRCLE
PONE VEDRA BEACH FL 32082

Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: