a 200	1 UNIFORM BUS	NESS REPO	RT (UB	R) ()
DOCU	IMENT # P 98000	0,22058	"我们在我们"	
1. Entity Na	THE FIRST PYRIMID.		INC.	
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	T-52 NO	Mailing Address 12 NO 12305-52 NO	ST No	OZ JAN TO AN IO
TEMPLETERROLE TEMPLE TEX		JEMPLE TERR	ACE, FL	SECRETARY OF STATE TALLAHASSEE FLORIDA
336/7		336/7	<u> </u>	TALLANASSEE
2. Principal	Place of Business	3. Mailing Address	, -,,,	has alling
Suite, Apt. #, etc.		Suite, Apt. #, etc.		20 ON WRITE IN THIS SPACE
	11			
City & Sta	ate	City & State	en transmission of the second	4. FEI Number . Applied For Not Applied For Not Applied For
Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional
\	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent
CARLYN SCHWINN NC/SON Name				
2305 - 52 NP 5 T No Street Address (P.O. Box Number is Not Acceptable)				
TEMPLE TERRACE, FL 336/7 City: City				
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.				
C. 1. S. C. Marine				
SIGNATURE Signature. type for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling). OATE				
9. 7his corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so After Sentember 12: 2004 Fee will be \$750.00				
	requirement and elects to do so. aria on back)	After September 12, Make Check Payable	2001 Fee will be to Departmen	PE \$ COUNTY Towns County Count
11.	OFFICERS AND (12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME		Delete Delete	TITLE NAME	PRES-SEC-DIR Change Addition
STREET ADDRESS			STREET ADDRESS	CARLYN'SCHWINN Nelson 12305-52NPST NO
CITY-ST-ZIP -		<u> </u>	CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
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13. Thereby 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.

CICNATURE Carlyn Schwim Helson



10/31/2001

TO:

Division of Corporations

P.O. Box 6327 Tallahassee,Fl 32314

FROM: First Pyrmid Enterprises, Inc.

12305 52nd St North

Temple Terrace, Fl 33617

813-899-2726

RE:

Renewal of Corporation

Please be advised that I have not received the necessary forms to renew the Corporation.

The original address was 13912 Lazy Oak Drive, Tampa, Fl 33612. It was changed to 12305 52nd St No. Temple Terrace, Fl 33617

Per your phone call I am enclosing a check for \$300.00 and the completed form that you sent me.

Your consideration in this matter would be greatly appreciated.

Sincerely,

Carlyn Schwinn Nelson

Carlyn Schwerm Helson