

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90110 001 ***793.75

DOCUMENT # P99000002888

1. Entity Name
Henry Kyle Contractor INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8100 Ulmerton Rd

3. Mailing Address
8100 Ulmerton Rd.

Suite, Apt. #, etc.
Bldg 5-B

Suite, Apt. #, etc.
Bldg 5-B

City & State
Largo, FL.

City & State
Largo, FL.

Zip
33771

Country
Pinellas

Zip
33771

Country
Pinellas

4. FEI Number
59-3556205

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Makesha N. Elder

Street Address (P.O. Box Number is Not Acceptable)

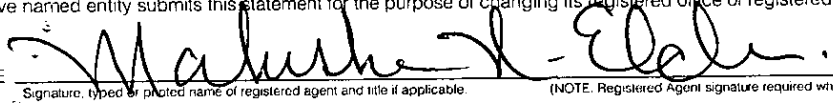
10844 119 St NO

City
Largo

FL

Zip Code
33778

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Makesha N. Elder
10844 119 St NO
Largo FL 33778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3002

CR2E034B (12/01)