

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 91108 028 ***150.00

DOCUMENT # S30526

1. Entity Name
CYNTHIA GAYLE'S, INC.



Principal Place of Business
**716 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071
US**

Mailing Address
**P.O. BOX 770145
CORAL SPRINGS FL 33077-0145
US**



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
65-0246067

Applied For

Not Applicable

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

**GAYLE, CYNTHIA
9837 NW 26 PLACE
SUNRISE FL 33322**

Name
GAYLE, CYNTHIA

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

7228 LAUREL LANE

City
PARKLAND

FL

Zip Code
33067

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 *Cynthia Gayle*

3-15-03

Signature, typed or printed name of registered agent and title 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 **D** ☐ Delete
NAME **GAYLE, CYNTHIA**
STREET ADDRESS **9837 NW 26 PLACE**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **D** ☒ Change ☐ Addition
NAME **GAYLE, CYNTHIA**
STREET ADDRESS **7228 LAUREL LANE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE **T** ☐ Delete
NAME **HUTCHISON, CHARLES**
STREET ADDRESS **9837 NW 26 PLACE**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **T** ☒ Change ☐ Addition
NAME **HUTCHISON, CHARLES**
STREET ADDRESS **7228 LAUREL LANE**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Cynthia Gayle **CYNTHIA GAYLE** **3-15-03**

Date

Daytime Phone #

(954) 575-0489

CR2E034 (10/02)