


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

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90028 002 \*\*\*150.00

DOCUMENT # *P02000038946*

1. Entity Name  
*D. ROBERT HOYLE P.A.*



**DO NOT WRITE IN THIS SPACE**

**54006299**

2. Principal Place of Business  
*1001 THIRD AVENUE WEST*  
Suite, Apt. #, etc. *260*

3. Mailing Address  
*Same*  
Suite, Apt. #, etc.

City & State  
*Bradenton FL*

City & State

Zip  
*34205*

Country  
*U.S.A*

Zip

Country

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

4. FEI Number  
*04-3640522*

Applied For  
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name *D. ROBERT HOYLE*

Street Address (P.O. Box Number is Not Acceptable)  
*1001 Third Avenue West Ste 260*

City *Bradenton* State *FL* Zip Code *34205*

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 *D Robert Hoyle* DATE *2/9/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P/UP/S/T/D D. Robert Hoyle 1001 Third Avenue West Ste 260 Bradenton FL 34205</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *D Robert Hoyle* DATE *2/9/04* DAYTIME PHONE # *941-748-8355*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)