

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

0042605 AV

04-03-2003 90117 014 \*\*\*150.00

**DOCUMENT # P02000045670**



1. Entity Name  
**HOYT ELECTRIC, INC.**

Principal Place of Business  
**3536 UNIVERSITY BLVD N #198  
JACKSONVILLE FL 32277**

Mailing Address  
**3536 UNIVERSITY BLVD N #198  
JACKSONVILLE FL 32277**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number

**42-1535036**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOYT, STEVEN C  
3536 UNIVERSITY BLVD N #198  
JACKSONVILLE FL 32277**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>HOYT, STEVEN C</b>	
STREET ADDRESS	<b>3536 UNIVERSITY BLVD N #198</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOYT, PAMELA J</b>	
STREET ADDRESS	<b>3536 UNIVERSITY BLVD N #198</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32277</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: PAMELA J HOYT **PAMELA J HOYT** **3-31-03** **904-744-1777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)