

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2002 8:00 am
Secretary of State

08-15-2002 90046 023 ***150.00

DOCUMENT # K98763

1. Entity Name

BYHOP, INC.

Principal Place of Business

**728 CHEMSTRAND ST E
LEHIGH FL 33936**

Mailing Address

**728 CHEMSTRAND ST E
LEHIGH FL 33936**

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

65-0129423

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

**HOPPE, WILLIAM
728 CHEMSTRAND ST E
LEHIGH FL 33936**

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

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) ☐

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD HOPPE, WILLIAM 728 CHEMSTRAND ST E LEHIGH FL			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM E Hoppe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-02 239-369-7662
Date Daytime Phone #

Attachment

Doc. # K98763

974420

941-369-8474

Byhop inc.

internet services

contact@byhop.com

August 12, 2002

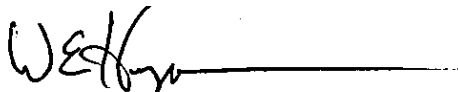
Florida Department of State
Division of Corporations
Katherine Harris
P.O. Box 6327

To Whom It May Concern:

The corporation Ultimate Auto Trim Inc., was changed to Byhop, Inc. at the beginning of the year. Neither corporation received prior notice or a Uniform Business Report Form until we received this late notice.

I assumed you had just changed policy or the name change had to go through and never opened the packet till 8-12-2002. After the shock I called your office and told them I never received the form and was instructed to send you this letter of explanation. Please except our payment in full of \$150.00

Respectfully,



William Hoppe
Byhop inc. Formerly Ultimate Auto Trim