

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90050 039 \*\*\*\*50.00

**DOCUMENT # L02000016387**

1. Entity Name

**HOYT AMERICAS, LLC**



Principal Place of Business

Mailing Address

**601 POINCIANA DRIVE  
FORT LAUDERDALE FL 33301-2707**

**601 POINCIANA DRIVE  
FORT LAUDERDALE FL 33301-2707**

2. Principal Place of Business

3. Mailing Address

**3038 N. Fed. Hwy.**

**3038 N. Fed. Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Bldg. F, 2nd Floor**

**Bldg. F, 2nd Floor**

City & State

City & State

**Fort Lauderdale, FL**

**Fort Lauderdale, FL**

Zip

Country

Zip

Country

**33306**

**USA**

**33306**

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**32-0025729**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOYT, ERIC  
601 POINCIANA DRIVE  
FORT LAUDERDALE FL 33301-2707**

7. Name and Address of New Registered Agent

Name

**Eric Hoyt**

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

**3038 N. Fed. Hwy.**

**Bldg. F, 2nd Floor**

City

**Fort Lauderdale**

FL

Zip Code

**33306**

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

**Mar. 4 - 2003**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

**President  
Eric Hoyt  
3038 N. Fed. Hwy.  
Bldg. F, 2nd Floor  
Ft. Lauderdale, FL 33306**

TITLE NAME ☐ Delete

**Ft. Lauderdale, FL 33306**

TITLE NAME ☐ Delete

**STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☐ Delete

**STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☐ Delete

**STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☐ Delete

**STREET ADDRESS  
CITY-ST-ZIP**

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

**STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition

**STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition

**STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition

**STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition

**STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME ☐ Change ☐ Addition

**STREET ADDRESS  
CITY-ST-ZIP**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)