2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M66054

HYDE ENTERPRISES, INC.

2. Principal Place of Business

HYDE, MARK W.

697 COACH LIGHT DRIVE FERN PARK FL 32730

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Mailing Address Principal Place of Business 697 COACH LIGHT DR 697 COACH LIGHT DR FERN PARK FL 32730 FERN PARK FL 32730-3121

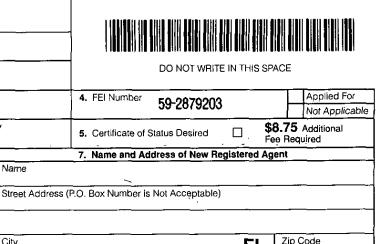
Country

6. Name and Address of Current Registered Agent

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90004 027 ***150.00

UTUTTU



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DATE

 \Box

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.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

ered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT ☐ Addition ☐ Change TITLE TITLE ☐ Delete HYDE, MARK W. NAME NAME 697 COACH LIGHT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERN PARK FL 32730 ☐ Change ☐ Addition ☐ Delete TITLE TITLE HYDE, KATHLEEN N. NAME NAME STREET ADDRESS STREET ADDRESS 697 COACH LIGHT DRIVE CITY-ST-ZIP CITY-ST-ZIP FERN PARK FL 32730 ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: