

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-15-2002 90061 007 ***150.00

DOCUMENT # P00000004794

1. Entity Name

HYDE TAE KWON DO, INC.

Principal Place of Business

**6800 GULFPORT BLVD S
 PASADENA FL 33707**

Mailing Address

**5917 GULFPORT BLVD. S.
 PASADENA FL 33707**

2. Principal Place of Business

6800 GULFPORT BLVD SO.

Suite, Apt. #, etc.

203

3. Mailing Address

5917 GULFPORT BLVD. SO.

Suite, Apt. #, etc.

City & State

SO. PASADENA FLA.

Zip

33707

**U.S.
 PINELLAS**

Zip

33707

Country

U.S.

4. FEI Number

59-3620637

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HYDE, HENRY
 6800 GULFPORT BLVD S
 PASADENA FL 33707**

7. Name and Address of New Registered Agent

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.

SIGNATURE Henry D. Hyde **HENRY D. HYDE PRESIDENT** **1/8/02**

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE **D** ☐ Delete

NAME **HYDE, HENRY**
 STREET ADDRESS **6800 GULFPORT BLVD S**
 CITY-ST-ZIP **PASADENA FL 33707**

TITLE **D** ☐ Delete

NAME **FOX, SANDRA**
 STREET ADDRESS **6800 GULFPORT BLVD S**
 CITY-ST-ZIP **PASADENA FL 33707**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry D. Hyde **HENRY D. HYDE** **1/8/02** **727-384-2189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)