

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90025 030 \*\*\*558.75

**DOCUMENT # P00000089027**

1. Entity Name  
**HYDE PARK ANTIQUES (UK), INC.**

Principal Place of Business  
**1617 PLATT ST. UNIT 101/102**  
**TAMPA FL 33606**

Mailing Address  
**1617 PLATT ST. UNIT 101/102**  
**TAMPA FL 33606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1617 West Platt Street**  
 Suite, Apt. #, etc. **101/102**

3. Mailing Address  
**1617 West Platt Street**  
 Suite, Apt. #, etc. **101/102**

City & State  
**Tampa Florida**

City & State  
**Tampa Florida**

4. FEI Number  
**59-3689679**

Applied For  
 Not Applicable

Zip **33606** Country **USA**

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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**EKONOMIDES, NICKOLAS C**  
**201 E KENNEDY BLVD, STE 1130**  
**TAMPA FL 33602**

**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**

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 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing : ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ian Hudson, P.D</b> <b>1617 West Platt Street # 101/102</b> <b>Tampa, Florida 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sarah Hudson, V.P., S, T, D</b> <b>1617 West Platt Street # 101/102</b> <b>Tampa, Florida 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**Sarah Hudson** **Sarah Hudson** **09/06/01** **(813) 258-6625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)