

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91231 017 ***150.00

DOCUMENT # P01000034001

1. Entity Name
JACK HYLES PRESS, INC.

Principal Place of Business
**4981 78TH AVE N
 PINELLAS PARK FL 33781**

Mailing Address
**4981 78TH AVE N
 PINELLAS PARK FL 33781**



2. Principal Place of Business
4459 Highway 17 S.
 Suite, Apt. #, etc.

3. Mailing Address
4459 Highway 17 S.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orange Park, FL
 Zip
32003
 Country
Clay

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Orange Park, FL
 Zip
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 Country
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4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LARSON, JAMES E
 LARSON & LARSON, P.A.
 11199 69TH ST N
 LARGO FL 33773-5504**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HYLES, DAVID 4981 78TH AVE N PINELLAS PARK FL 33781 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **DAVID HYLES** Date: **April 29, 2002** Daytime Phone #: **904 874-7387**

CR2E034 (9/01)