

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91416 030 ***150.00

DOCUMENT # P01000047008

1. Entity Name
ACCORDING TO HOYLE, INC.



Principal Place of Business
4000 SAN MASSIMO 210 Beener
PUNTA GORDA FL 33950 Port Charlotte
FL-33952 same

Mailing Address
4000 SAN MASSIMO
PUNTA GORDA FL 33950

11040346



2. Principal Place of Business
210 Beener
Suite, Apt. #, etc.

3. Mailing Address
210 Beener
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte FL
Zip Country
33952 USA

4. FEI Number 65-1101430
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HOYLE, TERESA S
4000 SAN MASSIMO 210 Beener
PUNTA GORDA FL 33950 Port Charlotte
33952

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers 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. 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

FILE NOW!!! FEE IS \$150.00
After May 7, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> Delete
NAME	HOYLE, WILLIAM L	
STREET ADDRESS	4000 SAN MASSIMO 210 Beener	
CITY-ST-ZIP	PUNTA GORDA FL 33950 Port Charlotte FL 33952	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	HOYLE, TERESA S	
STREET ADDRESS	4000 SAN MASSIMO 210 Beener	
CITY-ST-ZIP	PUNTA GORDA FL 33950 Port Charlotte FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/12/03 941-235-3528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)