

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90058 021 ***150.00

DOCUMENT # P01000062263

1. Entity Name

HYDE PARK COMMUNICATIONS, INC.

Principal Place of Business

**722 SOUTH BOULEVARD
TAMPA FL 33606**

Mailing Address

**POST OFFICE BOX 2245
TAMPA FL 33601**

2. Principal Place of Business

722 South Boulevard

3. Mailing Address

P.O. Box 2245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL 3

City & State

Tampa, FL

4. FEI Number

59-3728022

Applied For

Not Applicable

Zip

33606

Country

USA

Zip

33601

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 \$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 ☐ Delete
NAME **PSTD KOVALESKI, ROBIN A**
STREET ADDRESS **722 SOUTH BOULEVARD**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME **VD KOVALESKI, JEFFREY J**
STREET ADDRESS **722 SOUTH BOULEVARD**
CITY-ST-ZIP **TAMPA FL 33606**

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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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: Robin A. Kovalski **RE ROBIN A. KOVALESKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 (813) 258-5649

Date

Daytime Phone #

CR2E034 (9/01)