


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

05-05-2003 91768 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000006744			
1. Entity Name HITCH-EYE, INC.			
Principal Place of Business 2306 QUEEN PALM COURT LEESBURG, FL 34748		Mailing Address 2306 QUEEN PALM COURT LEESBURG, FL 34748	
2. Principal Place of Business 108 WEBER AVE Suite, Apt. #, etc. SUITE # 101 City & State LEESBURG, FL Zip 34748		3. Mailing Address PO Box 490122 Suite, Apt. #, etc. City & State LEESBURG, FL Zip 34749	
		4. FEI Number 01-0733874	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEAQUE, GARY Q 2306 QUEEN PALM COURT LEESBURG, FL 34748		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Gary Teague</u> GARY TEAGUE 4-30-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee Will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME TEAQUE, GARY Q STREET ADDRESS 2306 QUEEN PALM COURT CITY-ST-ZIP LEESBURG, FL 34748		TITLE PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME TEAQUE, PATRICIA A STREET ADDRESS 2306 QUEEN PALM COURT CITY-ST-ZIP LEESBURG, FL 34748		TITLE SECRETARY, TREASURER, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete NAME 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: <u>Gary Teague</u> GARY TEAGUE 4-30-03 (352) 728-4123 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	