

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90116 008 ***150.00

DOCUMENT # P02000033391

1. Entity Name
HYLART ENTERPRISES, INC.



Principal Place of Business
1970 NW 22ND ST
POMPAÑO BEACH, FL 33069

Mailing Address
1970 NW 22ND ST
POMPAÑO BEACH, FL 33069

50049743



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
01-0695039

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUPARITZ, ALAN D
900 E. ATLANTIC BLVD.
POMPAÑO BEACH, FL 33060

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

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 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P HOLTZ, SEYMOUR A ☒ Delete
1970 NW 22ND ST
POMPAÑO BEACH, FL 33069

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VPD ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
ST HOLTZ, HYLDAS ☐ Delete
1970 NW 22ND ST
POMPAÑO BEACH, FL 33069

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PSTD ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VPD HOLTZ, EDWARD ☐ Change ☒ Addition
1970 NW 22ND ST
POMPAÑO BEACH, FL 33069

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 filers empowered.

SIGNATURE:

Edward Holtz Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 954-783-5030
Date Daytime Phone #