

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

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90028 002 ***150.00

DOCUMENT # *P02000038946*

1. Entity Name

D. ROBERT HOYLE P.A.



DO NOT WRITE IN THIS SPACE

54006299

2. Principal Place of Business

1001 THIRD AVENUE WEST

3. Mailing Address

Same

Suite, Apt. #, etc.

260

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL

City & State

4. FEI Number

04-3640522

Applied For

Not Applicable

Zip

34205

Country

U.S.A

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name *D. ROBERT HOYLE*

Street Address (P.O. Box Number is Not Acceptable)

1001 Third Avenue West Ste 260

City *Bradenton*

FL

Zip Code *34205*

**DO NOT WRITE
IN THIS SPACE**

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

D Robert Hoyle
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/9/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PUP/S/T/D*
NAME *D. Robert Hoyle*
STREET ADDRESS *1001 Third Avenue West Ste 260*
CITY-ST-ZIP *Bradenton FL 34205*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/04

941-748-8355

CR2E034B (12/02)