

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90141 009 \*\*\*150.00

**DOCUMENT # P02557**

1. Entity Name  
**HYDE ASSOCIATES, INC.**



Principal Place of Business  
~~641 HAMPTON LANE~~ **150 Ocean Lane Drive, 5-H**  
KEY BISCAYNE FL 33149  
US

Mailing Address  
P.O. BOX 490034  
KEY BISCAYNE FL 33149  
US

**20001292**



2. Principal Place of Business  
**150 Ocean Lane Dr., 5-H**  
Suite, Apt. #, etc. **5-H**

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

City & State  
**Key Biscayne, FL**  
Zip **33149** Country **US**

City & State  
Zip Country

4. FEI Number **59-2424365**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HYDE, ALVIN S.**  
~~641 HAMPTON LANE~~  
**KEY BISCAYNE FL 33149**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**150 Ocean Lane Drive, 5-H**  
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 **1/6/03**  
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, 2003 Fee will be \$550.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HYDE, ALVIN S</b>	
STREET ADDRESS	<del>641 HAMPTON LANE</del>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HYDE, ALVIN S.</b>	
STREET ADDRESS	<del>641 HAMPTON LANE</del>	
CITY-ST-ZIP	<b>KEY. BISCAYNE FL 33149</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>HYDE, HILLARY A.</b>	
STREET ADDRESS	<b>3441 S W DOLPH CT</b>	
CITY-ST-ZIP	<b>PORTLAND OR 97219</b>	
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	<b>Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Same</b>	
STREET ADDRESS	<b>150 Ocean Lane Drive, 5-H</b>	
CITY-ST-ZIP	<b>Same</b>	
TITLE	<b>Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Same</b>	
STREET ADDRESS	<b>150 Ocean Lane Drive, 5-H</b>	
CITY-ST-ZIP	<b>Same</b>	
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
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:** **1/6/03 305-361-5900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)