

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

DOCUMENT # P03000006351

1. Entity Name

The Law Office of Isadore Hyde, P.A.

FILED

05 FEB -3 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

570 Weldon Blvd.

Suite, Apt. #, etc.

3. Mailing Address

570 Weldon Blvd.

Suite, Apt. #, etc.

REINSTATEMENT 04-05

City & State

Lake Mary, FL.

City & State

Lake Mary, FL.

4. FEI Number

#20-0353079

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sherri Watson-Hyde

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

434 Lakeshore Drive

City

Lake Mary

FL

Zip Code

32746

**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.

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

Isadore Hyde - President
570 Weldon Blvd.
Lake Mary, FL 32746

NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Isadore Hyde

2-2-05

Date

Day and Phone #

(813) 688-9711

CR2E0348 (12/01)

2 of 2

ISADORE HYDE

• ATTORNEY-AT-LAW •

February 2, 2005

State of Florida
Department of Corporations
Tallahassee, Florida

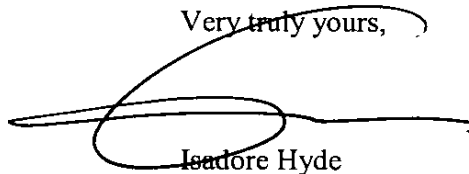
Re: The Law Office of Isadore Hyde, P.A.
FEI: 20-0353079

Dear Sir or Madam:

Our offices have moved and we did not receive the Uniform Business Report.
We are at this time requesting that you reinstate our corporation without penalties.

Thanking you in advance for your assistance.

Very truly yours,

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal stroke.

Isadore Hyde

IOH/stpm
Enclosure