2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000026833** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** HOYLAKE, INC. 01-27-2000 90109 029 ***150.00 Principal Place of Business Mailing Address 2030 MAIN STREET 2030 MAIN STREET **DUNEDIN FL 34698 DUNEDIN FL 34698-5524** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3407563 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERGE, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 1 BEACH DRIVE SE **STE 220** ST PETERSBURG FL 33701 Zip Code FΙ 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE ERICSON, STURE ERICSON, STURE NAME I BEACH DR SE - #220 STREET ADDRESS 2030 MAIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ST. PETERSBURG, FL 3370 Addition ☐ Delete TITLE TITLE ERICSON, DORLY ERICSON, DORIS NAME NAME I BEACH DR SE - # 220 STREET ADDRESS STREET ADDRESS ·2030 Main Street CITY-ST-7IP CITY-ST-ZIP DUNEDIN-FL 34698 ST- PETERSBURG, FL 33701 ROBERGE THOMAS C. "IV" - Change IBEACH DRIVE SE - #220 TITLE Delete TITLE: NAME STREET ADDRESS STREET ADDRESS PETERSBURG, FL 33701 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. ROBERGE, VICE PRES 10/00 727 822 9393