

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000002845**



1. Entity Name
300 SOUTH HYDE PARK, INC.

Principal Place of Business
**1106 LINFORD CT
VALRICO FL 33594**

Mailing Address
**1106 LINFORD CT
VALRICO FL 33594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3550306

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELL, JEFFERY S
1106 LINFORD CT
VALRICO FL 33594**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/02)

TITLE **P** Delete
NAME **BELL, JEFFERY S**
STREET ADDRESS **1106 LINFORD CT**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **VP** Delete
NAME **WAGNER, WILLIAM J**
STREET ADDRESS **545 RIVIERA DR**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **TS** Delete
NAME **BELL, BETTY JO**
STREET ADDRESS **2548 REGAL RIVER RD**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 813 681 1112

Date Daytime Phone #