2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90056 008 ***150.00

DOCUMENT # P99000008099

1. Entity Name
HYACINTH HOLDINGS, INC.

Principal Place of Business
3760 N. JOHN YOUNG PKWY
#101
ORLANDO FL 32804

Mailing Address
P.O. BOX 2404
WINTER PARK FL 32790

2. Principal Place of Business	3. Mailing Address
	3760 N. JOHN YOUNG PKWY #101
Suite, Apt. #, etc.	Suite, Apt. #, etc. #101
City & State	City & State ORLANDO FL
Zip / Country	Zip 32804 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3555641 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PITTMAN, BEN
3760 N. JOHN YOUNG PKWY
SUITE 101
ORLANDO FL 32804

7. Name and Address of New Registered Agent

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTMAN, BEN E P.O. BOX 2404 WINTER PARK FL 32790 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3760 N. JOHN YOUNG PKWY #101 ORLANDO FL 32804
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTMAN, MARINA N P.O. BOX 2404 WINTER PARK FL 32790 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3760 N. JOHN YOUNG PKWY ORLANDO FL 32804
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CR2E034 (10/02)

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 Date Daytime Phone #