

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90758 001 \*\*\*150.00

0679025 FP

**DOCUMENT #** P99000100227

**1. Entity Name**  
HYPERKOTE, INC.



**Principal Place of Business**  
4101 ELRAY ROAD  
ORLANDO FL 32808

**Mailing Address**  
4101 ELRAY ROAD  
ORLANDO FL 32808

**2. Principal Place of Business**  
4101 ELREY ROAD

**3. Mailing Address**  
4101 ELREY ROAD

Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** 59-3607133

☐ 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**

HAYWARD, WILLIAM C  
2047 BOBTAIL DRIVE  
MAITLAND FL 32751-8621

**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** \_\_\_\_\_ (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** ☐ **\$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 HAYWARD, WILLIAM C 2047 BOBTAIL DRIVE MAITLAND FL 32751-8621 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *William C. Hayward* **WILLIAM C. HAYWARD** **4/28/03** **407-448-2026**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** **DAYTIME PHONE #**

CP2E034 (10/02)