

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90011 030 ***150.00

DOCUMENT # P99000100487

1. Entity Name

HYDE ENGINEERING GROUP, INC.

Principal Place of Business

**2409 BATTEN ROAD
BROOKSVILLE FL 34602**

Mailing Address

**2409 BATTEN ROAD
BROOKSVILLE FL 34602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-5620850**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSNER, PAMELA
2409 BATTEN ROAD
BROOKSVILLE FL 34602**

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.

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, JANICE H	
STREET ADDRESS	4616 13TH AVE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HYDE, JAMES A	
STREET ADDRESS	22309 TIMBERLY DR	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COSNER, PAMELA	
STREET ADDRESS	2409 BATTEN RD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	COB	<input type="checkbox"/> Delete
NAME	HYDE, ROBERT W	
STREET ADDRESS	9340 WEST PUTTER CT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34929	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSICA COSNER	
STREET ADDRESS	2409 BATTEN RD.	
CITY-ST-ZIP	BROOKSVILLE, FL. 34602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Pamela J. Cosner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2001 352-787473
Date Daytime Phone #

CR2E034 (10/00)