

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90075 029 \*\*\*150.00

**DOCUMENT # P99000100487**

**1. Entity Name**  
**HYDE ENGINEERING GROUP, INC.**



**Principal Place of Business**  
**23085 DEERFLY RD**  
**BROOKSVILLE FL 34602**

**Mailing Address**  
**23085 DEERFLY RD**  
**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**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**JONES, JANICE H**  
**23085 DEERFLY ROAD**  
**BROOKSVILLE FL 34602**

**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	VP	<input type="checkbox"/> Delete
NAME	JONES, JANICE H	
STREET ADDRESS	23085 DEERFLY RD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	P	<input type="checkbox"/> Delete
NAME	COSNER-LOWE, JESSICA	
STREET ADDRESS	1116 NORTH BENTON AVE	
CITY-ST-ZIP	SAINT CHARLES MO 63301	
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	9282 SW 93RD CIRCLE	
CITY-ST-ZIP	OCALA FL 34481	
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		<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		

**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]* **REQUIRER** **JANICE H. JONES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-22-2003** **352**  
Date Daytime Phone # **799-4337**

CR2E034 (10/02)