

# 2001 UNIFORM BUSINESS REPORT (UBR)

0613478

DOCUMENT # 608646

1. Entity Name

PETTY'S OF SEMINOLE, INC.

Principal Place of Business

2141 S.R. #434  
LONGWOOD FL 32779  
US

Mailing Address

2141 S.R. #434  
LONGWOOD FL 32779  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~HIDALGO, ALLYSON~~  
2141 S.R. #434  
LONGWOOD FL 32779

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

Florida.

SIGNATURE

*Allyson Hidalgo* Owner

11/20/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PETTIGREW, ROSEMARY	
STREET ADDRESS	2141 S.R. 434	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HIDALGO, MARY A.	
STREET ADDRESS	2141 SR 434	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HIDALGO, MARY A	
STREET ADDRESS	2141 SR 434	
CITY-ST-ZIP	LONGWOOD FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

*Allyson Hidalgo*

11/20/07 407-829-

Date

Daytime Phone #

CR2E034 (10/00)

FILED

02 FEB 25 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1949806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required