

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90031 017 \*\*\*\*50.00

**DOCUMENT # L00000006177**

1. Entity Name

**PRETZELDOG, L.L.C.**

Principal Place of Business

**118 WEST ORANGE STREET  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address

**118 WEST ORANGE STREET  
 ALTAMONTE SPRINGS FL 32714**

040084

2. Principal Place of Business

**1700 Sunset Dr**

Suite, Apt. #, etc.

3. Mailing Address

**1700 Sunset Dr**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Longwood, FL**

Zip  
**32750**

Country  
**USA**

City & State

**Longwood, FL**

Zip  
**32750**

Country  
**USA**

4. FEI Number

**59-3654895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Thomas Lay**

Street Address (P.O. Box Number is Not Acceptable)

**1700 Sunset Dr**

City **Longwood**

**FL**

Zip Code  
**32750**

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

*Thomas P. Lay*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/11/02**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **LAY, THOMAS P**  
 STREET ADDRESS **118 WEST ORANGE STREET**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1700 Sunset Dr**  
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Thomas P. Lay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/11/02**

Date

Daytime Phone #

CR2E083 (9/01)