

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001818

1. Entity Name
PEGGY R. HOYT, L.C.

FILED

00 JAN 27 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2655 CURRYVILLE ROAD
CHULUOTA FL 32766

Mailing Address
2655 CURRYVILLE ROAD
CHULUOTA FL 32766-9156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
261 Plaza Drive
Suite, Apt. #, etc.
Suite B
City & State
Oviedo, FL

3. Mailing Address
261 Plaza Drive
Suite, Apt. #, etc.
Suite B
City & State
Oviedo, FL

4. FEI Number
59-3568796
Applied For
Not Applicable

Zip
32765
Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOYT, MARGARET R
2655 CURRYVILLE ROAD
CHULUOTA FL 32766

Name
Street Address (P.O. Box Number is Not Acceptable)
261 PLAZA DRIVE
SUITE B
City
OVIEDO FL Zip Code
32765

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] DATE 01-10-00
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOYT, MARGARET R 2655 CURRYVILLE ROAD CHULUOTA FL 32766	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003118576--6 -02/01/00--01072--029 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>[Signature]</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DATE 01-10-00 4079778080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #

CR2E083 (9/99)