## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

Principal Place of Business

P02000047029

1. Entity Name

PERSONAL BEST SPEACH SERVICES, INC.



**FILED** Jul 14, 2003 8:00 am Secretary of State

07-14-2003 90343 044 \*\*\*150.00

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Principal Place of Business 620 RENAISSANCE POINTE. #308 ALTAMONTE SPRINGS FL 32714-3517		Mailing Address 620 RENAISSANCE POINTE. #308 ALTAMONTE SPRINGS FL 32714-3517						
2. Principal Place of Business		3. Mailing Address			1 (10)(34) 4() 40)(1 4(6)( 46)() 4(4)( 13)(	<b>       </b>	14014 1614 4641	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4, FEI	-a   C   C   C   C   C   C   C   C   C		pplied For ot Applicable	
Zip	Country	Zip	Country	<b>5.</b> Cei	rtificate of Status Desired [	\$8.75 Add		
	6. Name and Address of Currer	nt Registered Agent		7. Nar	me and Address of New Regis	tered Agent		
		Name						
HOYT, DA	1 (1.4)		Street Ad	dress (P.O. Box	is (P.O. Box Number is Not Acceptable)			
620 RENA	ISSANCE POINTE, #308		Shoot Addie		100 (1.0. Box Hamber 15 Hot Mocophable)			
ALTAMON	TE SPRINGS FL 32714-3517		[					
			City		*	FL Zip Cod	le	
	e named entity submits this statement tions of registered agent.		s registered office or r			I am familiar with,	and accept	
After Se Make Checi	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$75 k Payable to Florida Department	of State			Election Campaign Financia     Trust Fund Contribution.	Added	O May Be d to Fees	
10.	OFFICERS AN		11.	ADDI	TIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE NAME	D  Hoyt, Daniel e	☐ Delete	TITLE			☐ Change	☐ Addition	
	620 RENAISSANCE POINTE, #3	ina	NAME Street address		-			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3271		CITY-ST-ZIP					
TITLE	D	Delete	TITLE			Change	Addition	
NAME	HOYT, KELLY L		NAME					
STREET ADDRESS	620 RENAISSANCE POINTE, #3		STREET ADDRESS					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 3271	4-3517	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME *	<b>-</b> -	***			
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			CITY-ST-ZIP					
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with on this report or supplemental report	th this filing does not qualify fo	r the exemption state	d in Section 119	1.07(3)(i), Florida Statutes. I furth	er certify that the in	nformation	

indicated on this report of 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.

SIGNATURE2

407-342-0565

Daytime Phone #

ATTAChment

4 PO 2000047029



## PERSONAL BEST SPEECH SERVICÉS

620 Renaissance Pointe #308 Altamonte Springs, FL 32714 Phone (407)342-0565 Fax (407)294-7653

personalbest@usa.com

Florida Department of State Secretary of State Glenda E. Hood Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Upon receipt of the Uniform Business Report (UBR), we noticed the addition of a late fee. The corporation had not received the prior notice regarding our first UBR. The instructions stated that the late fee could be waived if a letter from an officer or director is included with the filing.

As instructed in the Frequently Asked Questions section of the instructions, I am including this letter along with the filing fee of \$150.00 for the UBR.

We appreciate the flexibility of the Division of Corporations.

Sincerely.

Daniel E. Hoyt

Director

Personal Best Speech Services, Inc.

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