

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055983

1. Entity Name  
EATWISE, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90075 026 \*\*\*150.00

Principal Place of Business

407 WHOOPING LOOP  
SUITE 1607  
ALTAMONTE SPRINGS FL 32701  
US

Mailing Address

407 WHOOPING LOOP  
SUITE 1607  
ALTAMONTE SPRINGS FL 32701-3446  
US

2. Principal Place of Business

407 CENTER POINTE Circle

Suite, Apt. #, etc.  
Suite 1607

City & State  
ALTAMONTE SPRINGS

Zip Country  
32701 Seminole

3. Mailing Address

407 CENTER POINTE Circle

Suite, Apt. #, etc.  
Suite 1607

City & State  
ALTAMONTE SPRINGS

Zip Country  
32701 Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3269683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOYT, JOHN W JR  
407 WHOOPING LOOP  
SUITE 1607  
ALTAMONTE SPRINGS FL 32701

Name  
SAME

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

407 CENTER POINTE Circle,  
Suite 1607

City  
ALTAMONTE SPRINGS

FL

Zip Code  
32701

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: John W. Hoyt, JR. President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

John W. Hoyt, JR. 3/22/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HOYT, JOHN W JR 407 WHOOPING LOOP, SUITE 1607 CENTER POINTE ALTAMONTE SPRINGS FL 32701 Circle	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	407 CENTER POINTE Circle, Suite 1607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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: John W. Hoyt, JR. Pres. 3/22/2000 (407) 265-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)