

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000057012**

1. Entity Name
TRAY VALET, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90088 040 ***150.00

Principal Place of Business Mailing Address

2. Principal Place of Business
22902 LAKE SENECA RD
Suite, Apt. #, etc.

3. Mailing Address
22902 LAKE SENECA RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

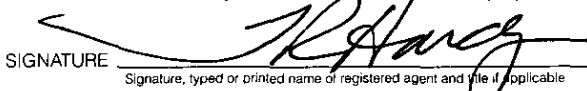
City & State
EUSTIS FL
Zip
32736 Country
USA

4. FEI Number
59-3328006 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
Name
TOBY R. HARDY
Street Address (P.O. Box Number is Not Acceptable)
22902 LAKE SENECA RD
City
EUSTIS FL Zip Code
32736

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


4-7-00
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, 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

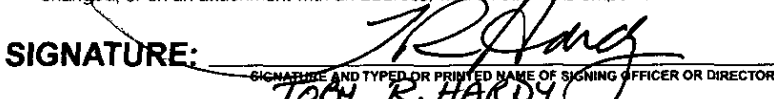
11. OFFICERS AND DIRECTORS

TITLE PCD	<input type="checkbox"/> Delete
NAME TOBY R. HARDY	
STREET ADDRESS 22902 LAKE SENECA RD	
CITY-ST-ZIP EUSTIS, FL 32736	
TITLE VPSD	<input type="checkbox"/> Delete
NAME SUSAN T. HARDY	
STREET ADDRESS 22902 LAKE SENECA RD	
CITY-ST-ZIP EUSTIS, FL 32736	
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	
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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TOBY R. HARDY

4-7-00 Date
352-357-2700 Daytime Phone #