FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90441 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057012

1. Entity Name
TRAY VALET, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
22902 LAKE SENECA RD	22902 LAKE SENECA RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: EUSTIS FL	City & State: EUSTIS, FL	4. FEI Number: 59-3328006 ☐ Applied For ☐ Not Applicable
Zip: 32736 County: LAKE	Zip: 32736 County: LAKE	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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: _____ Date: _____
(Signature, typed or printed name of registered agent and title if corporate) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
	TOBY R. HARDY 22902 LAKE SENECA RD EUSTIS, FL 32736
	SUSAN T. HARDY 22902 LAKE SENECA RD EUSTIS, FL 32736

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowerment.

SIGNATURE: TOBY R. HARDY 5-1-02 352-357-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #