

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009915

1. Entity Name

MISS HAZEL, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90036 027 ***150.00

Principal Place of Business

Mailing Address

720 MERRIMAC DRIVE
PORT ORANGE FL 32119

720 MERRIMAC DRIVE
PORT ORANGE FL 32168-9271

2. Principal Place of Business

3. Mailing Address

159 OAK LANE

159 OAK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW Smyrna Bch., FL

City & State

NEW Smyrna Bch. FL

Zip

32168

Country

Zip

32168

Country

4. FEI Number

59-3420587

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

MOTLEY, MICHELE
720 MERRIMAC DRIVE
PORT ORANGE FL 32127

Name

MOTLEY, MICHELE

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

159 OAK LANE

City

NEW Smyrna BEACH

FL

Zip Code
32168

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

Michele Motley

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

(NOTE: Registered Agent signature required when reinstating)

4/12/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MOTLEY, KENNETH
CITY-ST-ZIP 720 MERRIMAC DRIVE
PORT ORANGE FL 32119

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 159 OAK LANE
CITY-ST-ZIP NEW Smyrna Bch., FL 32168

TITLE ☐ Delete
NAME V
STREET ADDRESS MOTLEY, MICHELE
CITY-ST-ZIP 720 MERRIMAC DR
PORT ORANGE FL 32127

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 159 OAK LANE
CITY-ST-ZIP NEW Smyrna Bch., FL 32168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

Michele Motley MICHELE MOTLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00 904-423-3702

CR2E034 (9/99)