

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007564

1. Entity Name

HITHER & YON, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90140 007 ***150.00

Principal Place of Business

1963-C VILLAGE GREEN WAY
TALLAHASSEE FL 32308

Mailing Address

1963-C VILLAGE GREEN WAY
TALLAHASSEE FL 32308-3731

2. Principal Place of Business

11672 Metropolitan Circle

3. Mailing Address

11672 Metropolitan Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3497309

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TERRALYNN, MOY
1963-C VILLAGE GREEN WAY
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Terralynn Hoy

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

11672 Metropolitan Circle

City

Tallahassee

FL

Zip Code

32308

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

[Signature]

Terralynn Hoy

4/12/00

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

(NOTE: Registered Agent signature required when reinstating.)

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	STD	<input type="checkbox"/> Delete
NAME	HOY, CHARLES	
STREET ADDRESS	1704 THOMASVILLE RD #180	
CITY-ST-ZIP	11672 Metropolitan Circle TALLAHASSEE FL 32303	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Terralynn Hoy	
STREET ADDRESS	11672 Metropolitan Circle	
CITY-ST-ZIP	Tallahassee FL 32308	
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Hoy	
STREET ADDRESS	11672 Metropolitan Circle	
CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terralynn Hoy	
STREET ADDRESS	11672 Metropolitan Circle	
CITY-ST-ZIP	Tallahassee FL 32308	
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 like empowered.

SIGNATURE:

[Signature] Terralynn Hoy, President

4/13/00

395 5885

(Signature typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (9/99)